

***FRAMEWORK FOR STATE EVALUATION
OF CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

(Developed by States, for States to meet requirements under Section 2108(b) of the Social Security Act)

State/Territory: UTAH
(Name of State/Territory)

The following State Evaluation is submitted in compliance with Title XXI of the
Social Security Act (Section 2108(b)).

(Signature of Agency Head)

Date March 24, 2000

Reporting Period July 1, 1998 through September 30, 1999

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Developed by the National Academy for State Health Policy

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APPENDIX A

Reference Documents

1. 1999 Utah CHIP CAHPS Survey
2. Utah CHIP Closure Report
3. Vanguard Media Utah CHIP Focus Group Results
4. Utah CHIP Hotline 'Found By' Report
5. Public Employee's Health Plan (PEHP)
Utah CHIP Quality Data Report
6. PEHP Utah CHIP Urban Exclusive Plan Handbook
7. PEHP Utah CHIP Rural Preferred Plan Handbook
8. PEHP Utah CHIP Dental Plan Handbook

SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM

THIS SECTION IS DESIGNED TO HIGHLIGHT THE KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM TO DATE TOWARD INCREASING THE NUMBER OF CHILDREN WITH CREDITABLE HEALTH COVERAGE (SECTION 2108(B)(1)(A)). THIS SECTION ALSO IDENTIFIES STRATEGIC OBJECTIVES, PERFORMANCE GOALS, AND PERFORMANCE MEASURES FOR THE CHIP PROGRAM(S), AS WELL AS PROGRESS AND BARRIERS TOWARD MEETING THOSE GOALS. MORE DETAILED ANALYSIS OF PROGRAM EFFECTIVENESS IN REDUCING THE NUMBER OF UNINSURED LOW-INCOME CHILDREN IS GIVEN IN SECTIONS THAT FOLLOW.

1.1 WHAT IS THE ESTIMATED BASELINE NUMBER OF UNCOVERED LOW-INCOME CHILDREN? IS THIS ESTIMATED BASELINE THE SAME NUMBER SUBMITTED TO HCFA IN THE 1998 ANNUAL REPORT? IF NOT, WHAT ESTIMATE DID YOU SUBMIT, AND WHY IS IT DIFFERENT?

62,569; YES. THIS FIGURE, OF COURSE, INCLUDES MANY THAT ARE NOT CHIP ELIGIBLE. UTAH'S ESTIMATE OF CHIP ELIGIBLES IS 30,000.

1.1.1 WHAT ARE THE DATA SOURCE(S) AND METHODOLOGY USED TO MAKE THIS ESTIMATE?

THE GOVERNOR'S OFFICE OF PLANNING AND BUDGET ESTIMATES THAT ON JULY 1, 1998, THERE WERE 736,109 CHILDREN 18 YEARS AND YOUNGER IN UTAH. THE DEPARTMENT OF HEALTH PRODUCES THE UTAH HEALTH STATUS SURVEY EVERY 5 YEARS. THE LATEST SURVEY WAS DONE IN 1996. BASED ON INFORMATION GENERATED FROM THIS 1996 REPORT, IT IS ESTIMATED THAT IN UTAH 8.5% OF CHILDREN 18 YEARS AND YOUNGER WERE UNINSURED. USING THESE TWO FIGURES, IT IS ESTIMATED THAT THERE WERE A TOTAL OF 62,569 UNINSURED CHILDREN 18 YEARS AND YOUNGER IN UTAH JUST BEFORE UTAH'S CHIP BEGAN OPERATIONS ON AUGUST 3, 1998.

1.1.2 WHAT IS THE STATE'S ASSESSMENT OF THE RELIABILITY OF THE BASELINE ESTIMATE? WHAT ARE THE LIMITATIONS OF THE DATA OR ESTIMATION METHODOLOGY? (PLEASE PROVIDE A NUMERICAL RANGE OR CONFIDENCE INTERVALS IF AVAILABLE.)

THERE ARE NO BETTER DATA UPON WHICH TO BASE THESE PROJECTIONS.

1.2 HOW MUCH PROGRESS HAS BEEN MADE IN INCREASING THE NUMBER OF CHILDREN WITH CREDITABLE HEALTH COVERAGE (FOR EXAMPLE, CHANGES IN UNINSURED RATES, TITLE XXI ENROLLMENT LEVELS, ESTIMATES OF CHILDREN ENROLLED IN MEDICAID AS A RESULT OF TITLE XXI OUTREACH, ANTI-CROWD-OUT EFFORTS)? HOW MANY MORE CHILDREN HAVE CREDITABLE COVERAGE FOLLOWING THE IMPLEMENTATION OF TITLE XXI? (SECTION 2108(B)(1)(A))

THERE IS NO AVAILABLE STATE-SPECIFIC DATA TO INDICATE CHANGES IN THE STATE'S UNINSURED RATES SINCE THE AUGUST 1998 BEGINNING OF UTAH'S CHIP.

AS OF SEPTEMBER 30, 1999, UTAH'S CHIP ENROLLED 11,486 CHILDREN WHO WERE PREVIOUSLY UNINSURED AND INELIGIBLE FOR MEDICAID. INITIAL REPORTS, TO BE CITED LATER, INDICATE VIRTUALLY NO SUBSTITUTION FOR PRIVATE COVERAGE AMONG UTAH CHIP ENROLLEES. IN OTHER WORDS, IF CHIP DID NOT EXIST, ALMOST ALL OF THESE 11,486 CHILDREN WOULD NOT BE COVERED BY ANY FORM OF HEALTH COVERAGE.

1.2.1 WHAT ARE THE DATA SOURCE(S) AND METHODOLOGY USED TO MAKE THIS ESTIMATE?

THE ENROLLMENT NUMBERS FOR CHIP ARE DERIVED FROM THE PREMIUM PAYMENTS UTAH CHIP IS MAKING TO CONTRACTED CHIP HEALTH PLANS ON BEHALF OF VERIFIED CHIP ENROLLEES.

1.2.2 WHAT IS THE STATE'S ASSESSMENT OF THE RELIABILITY OF THE ESTIMATE? WHAT ARE THE LIMITATIONS OF THE DATA OR ESTIMATION METHODOLOGY? (PLEASE PROVIDE A NUMERICAL RANGE OR CONFIDENCE INTERVALS IF AVAILABLE.)

THE STATE IS VERY CONFIDENT IN THE CHIP ENROLLMENT DATA.

1.3 WHAT PROGRESS HAS BEEN MADE TO ACHIEVE THE STATE'S STRATEGIC OBJECTIVES AND PERFORMANCE GOALS FOR ITS CHIP PROGRAM(S)?

PLEASE COMPLETE TABLE 1.3 TO SUMMARIZE YOUR STATE’S STRATEGIC OBJECTIVES, PERFORMANCE GOALS, PERFORMANCE MEASURES AND PROGRESS TOWARDS MEETING GOALS, AS SPECIFIED IN THE TITLE XXI STATE PLAN. BE AS SPECIFIC AND DETAILED AS POSSIBLE. USE ADDITIONAL PAGES AS NECESSARY. THE TABLE SHOULD BE COMPLETED AS FOLLOWS:

- COLUMN 1:** LIST THE STATE’S STRATEGIC OBJECTIVES FOR THE CHIP PROGRAM, AS SPECIFIED IN THE STATE PLAN.
- COLUMN 2:** LIST THE PERFORMANCE GOALS FOR EACH STRATEGIC OBJECTIVE.
- COLUMN 3:** FOR EACH PERFORMANCE GOAL, INDICATE HOW PERFORMANCE IS BEING MEASURED, AND PROGRESS TOWARDS MEETING THE GOAL. SPECIFY DATA SOURCES, METHODOLOGY, AND SPECIFIC MEASUREMENT APPROACHES (E.G., NUMERATOR, DENOMINATOR). PLEASE ATTACH ADDITIONAL NARRATIVE IF NECESSARY.

FOR EACH PERFORMANCE GOAL SPECIFIED IN TABLE 1.3, PLEASE PROVIDE ADDITIONAL NARRATIVE DISCUSSING HOW ACTUAL PERFORMANCE TO DATE COMPARES AGAINST PERFORMANCE GOALS. PLEASE BE AS SPECIFIC AS POSSIBLE CONCERNING YOUR FINDINGS TO DATE. IF PERFORMANCE GOALS HAVE NOT BEEN MET, INDICATE THE BARRIERS OR CONSTRAINTS. THE NARRATIVE ALSO SHOULD DISCUSS FUTURE PERFORMANCE MEASUREMENT ACTIVITIES, INCLUDING A PROJECTION OF WHEN ADDITIONAL DATA ARE LIKELY TO BE AVAILABLE.

| TABLE 1.3 | | |
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| (1) STRATEGIC OBJECTIVES (AS SPECIFIED IN TITLE XXI STATE PLAN) | (2) PERFORMANCE GOALS FOR EACH STRATEGIC OBJECTIVE | (3) PERFORMANCE MEASURES AND PROGRESS (SPECIFY DATA SOURCES, METHODOLOGY, NUMERATORS, DENOMINATORS, ETC.) |
| OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN | | |

TABLE 1.3

| (1) STRATEGIC OBJECTIVES (AS SPECIFIED IN TITLE XXI STATE PLAN) | (2) PERFORMANCE GOALS FOR EACH STRATEGIC OBJECTIVE | (3) PERFORMANCE MEASURES AND PROGRESS (SPECIFY DATA SOURCES, METHODOLOGY, NUMERATORS, DENOMINATORS, ETC.) |
|--|--|---|
| (1.0) REDUCE THE PERCENTAGE OF UTAH CHILDREN, FROM BIRTH TO 19 YEARS OF AGE, WHO ARE UNINSURED. | (1.3) BY JUNE 30, 1999, THE PERCENTAGE OF UTAH CHILDREN FROM BIRTH TO 19 YEARS OF AGE WITHOUT HEALTH INSURANCE WILL BE DECREASED FROM 8.5 PERCENT TO 6 PERCENT. | <p>DATA SOURCES: 1996 UTAH HEALTH STATUS SURVEY, AND FOURTH QUARTER FY 1999 CHIP ENROLLMENT DATA.</p> <p>METHODOLOGY: UTAH CHIP ENROLLMENT FOR FOURTH QUARTER FY 1999, WHICH REFLECTS THE TOTAL NUMBER OF CHILDREN ENROLLED IN UTAH CHIP.</p> <p>NUMERATOR: NUMBER OF UTAH CHIP ENROLLEES AS OF JUNE 30, 1999.</p> <p>DENOMINATOR: UNINSURED UTAH CHILDREN <19 YEARS OLD.</p> <p>PROGRESS SUMMARY: AS OF JUNE 30, 1999, 10, 014 ELIGIBLE CHILDREN WERE ENROLLED IN UTAH CHIP WHICH DECREASES THE PERCENTAGE OF UNINSURED CHILDREN FROM 8.5% TO 7.15%. WHILE THE STATED GOAL OF 6% HAS NOT BEEN REACHED, WE ESTIMATE THAT AN INCREASE IN MEDICAID ENROLLMENT, AS A RESULT OF SCREENING</p> |

TABLE 1.3

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|--|--|--|
| OBJECTIVES RELATED TO CHIP ENROLLMENT | | |
| (1.0) REDUCE THE PERCENTAGE OF UTAH CHILDREN, FROM BIRTH TO 19 YEARS OF AGE, WHO ARE UNINSURED. | (1.1) BY JUNE 30, 1999, AT LEAST 10,000 PREVIOUSLY UNINSURED LOW- INCOME ELIGIBLE CHILDREN WILL BE ENROLLED IN UTAH CHIP. | DATA SOURCES: FY 1998 AND FY 1999 CHIP ENROLLMENT DATA. METHODOLOGY: NUMBER OF ELIGIBLE CHILDREN ENROLLED IN UTAH CHIP BY JUNE 30, 1999. PROGRESS SUMMARY: AS OF JUNE 30, 1999, 10,014 PREVIOUSLY UNINSURED, LOW-INCOME ELIGIBLE CHILDREN WERE ENROLLED IN UTAH CHIP. |

TABLE 1.3

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|--|---|---|
| (1.0) REDUCE THE PERCENTAGE OF UTAH CHILDREN, FROM BIRTH TO 19 YEARS OF AGE, WHO ARE UNINSURED. | (1.4) BY DECEMBER 31, 1998, A COORDINATED STATEWIDE OUTREACH PROGRAM FOR THE IDENTIFICATION AND ENROLLMENT OF CHIP ELIGIBLE CHILDREN INTO THE UTAH CHIP WILL BE ESTABLISHED. | DATA SOURCE: STATEWIDE COORDINATED CHIP OUTREACH PROGRAMS IN PLACE. PROGRESS SUMMARY: UTAH CHIP EFFORTS FOR THE PAST YEAR HAVE CONCENTRATED ON COMMUNICATING THE AVAILABILITY OF THIS NEW HEALTH INSURANCE PROGRAM FOR CHILDREN. UTAH CHIP HAS PARTNERED WITH EXISTING DEPARTMENT OF HEALTH CHILD HEALTH PROGRAMS SUCH AS BABY YOUR BABY AND IMMUNIZE BY TWO IN ORDER TO STREAMLINE OUTREACH EFFORTS AND REACH ADDITIONAL CHIP ELIGIBLE FAMILIES. UTAH CHIP HAS ESTABLISHED A STATEWIDE TOLL-FREE HOTLINE TELEPHONE NUMBER TO PROVIDE RESOURCE AND REFERRAL INFORMATION TO INTERESTED INDIVIDUALS. THE HOTLINE CAN |

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| (1.0) REDUCE THE PERCENTAGE OF UTAH CHILDREN, FROM BIRTH TO 19 YEARS OF AGE, WHO ARE UNINSURED. | (1.5) BY DECEMBER 31, 1999, A MECHANISM WILL BE ESTABLISHED TO MEASURE ANY CHANGE IN RATES OF INDIVIDUALS PURCHASING OR EMPLOYERS OFFERING PRIVATE INSURANCE (“CROWD-OUT”) THAT MAY BE DUE TO IMPLEMENTATION OF THE UTAH CHIP. | <p>DATA SOURCES: CHIP CAHPS PHONE SURVEY.</p> <p>METHODOLOGY: UTAH CHIP ENROLLEES SURVEYED FOR CHIP CAHPS SURVEY.</p> <p>PROGRESS SUMMARY: UTAH CHIP HAS DEVELOPED A CHIP SPECIFIC CAHPS SURVEY WHICH WILL BE ADMINISTERED AT LEAST ONCE PER YEAR. A COPY OF THE 1999 SURVEY RESULTS IS ATTACHED TO THIS REPORT.</p> |

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| OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT | | |

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|--|---|---|
| (1.0) REDUCE THE PERCENTAGE OF UTAH CHILDREN, FROM BIRTH TO 19 YEARS OF AGE, WHO ARE UNINSURED. | (1.2) BY JUNE 30, 2000, THE PERCENTAGE OF MEDICAID-ELIGIBLE UTAH CHILDREN YOUNGER THAN 19 YEARS OF AGE WHO ARE ENROLLED IN MEDICAID WILL BE INCREASED FROM 80 TO 90 PERCENT. | DATA SOURCES: 2000 UTAH HEALTH STATUS SURVEY, AND FY 2000 MEDICAID ENROLLMENT DATA. METHODOLOGY: UTAH MEDICAID ENROLLMENT FOR FOURTH QUARTER FY 2000, WHICH REFLECTS THE TOTAL NUMBER OF CHILDREN ENROLLED IN UTAH MEDICAID. NUMERATOR: NUMBER OF UTAH MEDICAID ENROLLEES AS OF JUNE 30, 2000. DENOMINATOR: UTAH MEDICAID-ELIGIBLE CHILDREN <19. PROGRESS SUMMARY: PRELIMINARY RESULTS ARE NOT AVAILABLE; FINAL DATA WILL BE AVAILABLE FOR UTAH CHIP 2000 EVALUATION. |

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| OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED) | | |

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|---|--|--|
| (2.0) INCREASE ACCESS TO HEALTH CARE SERVICES FOR UTAH CHILDREN ENROLLED IN UTAH CHIP. | (2.1) BY JUNE 30, 1999, AT LEAST 90 PERCENT OF CHILDREN ENROLLED IN UTAH CHIP WILL HAVE AN IDENTIFIED USUAL SOURCE OF CARE. | DATA SOURCE: 1999 CHIP CAHPS SURVEY, 22.2 METHODOLOGY: 834 UTAH CHIP ENROLLEES SURVEYED FOR 1999 CHIP CAHPS SURVEY. NUMERATOR: NUMBER OF SURVEY RESPONDENTS WHO IDENTIFIED A PRIMARY SOURCE OF CARE. DENOMINATOR: NUMBER OF SURVEY RESPONDENTS. PROGRESS SUMMARY: THE QUESTION AS ASKED ON THE 1999 CHIP CAHPS SURVEY IDENTIFIES A PRIMARY SOURCE OF CARE RATHER THAN A USUAL SOURCE OF CARE. 94% OF THE SURVEY RESPONDENTS IDENTIFIED A DOCTOR OR CLINIC AS THEIR PRIMARY SOURCE OF CARE AFTER ENROLLING IN UTAH CHIP. |

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|---|--|---|
| (2.0) INCREASE ACCESS TO HEALTH CARE SERVICES FOR UTAH CHILDREN ENROLLED IN UTAH CHIP. | (2.2) BY JUNE 30, 2000, THERE WILL BE A DECREASE IN THE PROPORTION OF CHIP ENROLLED CHILDREN WHO WERE UNABLE TO OBTAIN NEEDED MEDICAL CARE DURING THE PRECEDING YEAR. | DATA SOURCE: 1999 CHIP CAHPS PHONE SURVEY 22.1 METHODOLOGY: 833 UTAH CHIP ENROLLEES SURVEYED FOR 1999 CHIP CAHPS SURVEY. NUMERATOR: NUMBER OF SURVEY RESPONDENTS WITH NO ACCESS TO A PRIMARY SOURCE OF HEALTH CARE PRIOR TO ENROLLING IN UTAH CHIP. DENOMINATOR: NUMBER OF SURVEY RESPONDENTS. PROGRESS SUMMARY: 6.8% OF SURVEY RESPONDENTS INDICATED THAT THEY HAD NO ACCESS TO A PRIMARY SOURCE OF HEALTH CARE PRIOR TO ENROLLING IN CHIP. |

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| (2.0) INCREASE ACCESS TO HEALTH CARE SERVICES FOR UTAH CHILDREN ENROLLED IN UTAH CHIP. | (2.3) BY JUNE 30, 2000, AT LEAST 50 PERCENT OF FIVE- YEAR OLD CHIP ENROLLED CHILDREN WILL HAVE RECEIVED DENTAL SERVICES PRIOR TO KINDERGARTEN ENTRY. | <p>DATA SOURCES: FY 2000 CHIP ENROLLMENT DATA, 2000 HEDIS AND ENCOUNTER DATA, OR 2000 CHIP CAHPS SURVEY.</p> <p>METHODOLOGY: REVIEW OF DENTAL CLAIMS, HEDIS AND ENCOUNTER DATA FOR AGE APPROPRIATE UTAH CHIP ENROLLEES, OR UTAH CHIP ENROLLEES SURVEYED FOR 2000 CHIP CAHPS SURVEY.</p> <p>PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE UTAH CHIP 2000 EVALUATION, THIS INFORMATION WILL EITHER BE PROVIDED BY THE UTAH CHIP MANAGED CARE ORGANIZATION THAT IS CONTRACTED TO PROVIDE DENTAL SERVICES, OR THE 2000 CHIP CAHPS SURVEY WILL BE ADMINISTERED IN SUCH A WAY THAT THIS INFORMATION WILL BE AVAILABLE.</p> |

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| OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE) | | |

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| (3.0) ENSURE THAT CHILDREN ENROLLED IN UTAH CHIP RECEIVE TIMELY AND COMPREHENSIVE PREVENTIVE HEALTH CARE SERVICES. | (3.1) BY JUNE 2000, AT LEAST 50 PERCENT OF CHILDREN WHO TURNED 15 MONTHS OLD DURING THE PRECEDING YEAR AND WERE CONTINUOUSLY ENROLLED IN UTAH CHIP FROM 31 DAYS OF AGE, WILL HAVE RECEIVED AT LEAST FOUR WELL-CHILD VISITS WITH A PRIMARY CARE PROVIDER DURING THEIR FIRST 15 MONTHS OF LIFE. | <p>DATA SOURCES: 2000 CHIP CAHPS SURVEY, AND 2000 HEDIS AND ENCOUNTER DATA.</p> <p>METHODOLOGY: REVIEW OF 2000 CHIP CAHPS SURVEY, AND HEDIS AND ENCOUNTER DATA FOR AGE APPROPRIATE CHIP ENROLLEES.</p> <p>PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE UTAH CHIP 2000 EVALUATION, THIS INFORMATION WILL BE PROVIDED BY THE UTAH CHIP MANAGED CARE ORGANIZATIONS THAT ARE CONTRACTED TO PROVIDE MEDICAL SERVICES. THIS IS A UTAH CHIP HEDIS REPORTING REQUIREMENT.</p> |

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|--|---|--|
| (3.0) ENSURE THAT CHILDREN ENROLLED IN UTAH CHIP RECEIVE TIMELY AND COMPREHENSIVE PREVENTIVE HEALTH CARE SERVICES | (3.2) BY JUNE 30, 2000, AT LEAST 60 PERCENT OF THREE, FOUR, FIVE, OR SIX YEAR OLD CHILDREN WHO WERE CONTINUOUSLY ENROLLED IN UTAH CHIP DURING THE PRECEDING YEAR WILL HAVE RECEIVED ONE OR MORE WELL- CARE VISITS WITH A PRIMARY HEALTH CARE PROVIDER DURING THE PRECEDING YEAR. | DATA SOURCES: FY 2000 ENROLLMENT DATA, AND 2000 HEDIS AND ENCOUNTER DATA. METHODOLOGY: REVIEW OF HEDIS AND ENCOUNTER DATA FOR AGE APPROPRIATE UTAH CHIP ENROLLEES. PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE UTAH CHIP 2000 EVALUATION, THIS INFORMATION WILL BE PROVIDED BY THE UTAH CHIP MANAGED CARE ORGANIZATIONS THAT ARE CONTRACTED TO PROVIDE SERVICES. THIS IS A UTAH CHIP HEDIS REPORTING REQUIREMENT. |

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|--|---|--|
| (3.0) ENSURE THAT CHILDREN ENROLLED IN UTAH CHIP RECEIVE TIMELY AND COMPREHENSIVE PREVENTIVE HEALTH CARE SERVICES | (3.3) BY JUNE 30, 2000, AT LEAST 85 PERCENT OF TWO YEAR OLD CHILDREN ENROLLED IN THE UTAH CHIP WILL HAVE RECEIVED ALL AGE-APPROPRIATE IMMUNIZATIONS. | DATA SOURCES: FY 2000 ENROLLMENT DATA, AND 2000 HEDIS AND ENCOUNTER DATA. METHODOLOGY: REVIEW OF HEDIS AND ENCOUNTER DATA FOR AGE APPROPRIATE UTAH CHIP ENROLLEES. PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE UTAH CHIP 2000 EVALUATION, THIS INFORMATION WILL BE PROVIDED BY THE UTAH CHIP MANAGED CARE ORGANIZATIONS THAT ARE CONTRACTED TO PROVIDE SERVICES. THIS IS A UTAH CHIP HEDIS REPORTING REQUIREMENT. |

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|--|---|--|
| (3.0) ENSURE THAT CHILDREN ENROLLED IN UTAH CHIP RECEIVE TIMELY AND COMPREHENSIVE PREVENTIVE HEALTH CARE SERVICES | (3.3) BY JUNE 30, 2000, AT LEAST 90 PERCENT OF 13 YEAR OLD CHILDREN ENROLLED IN UTAH CHIP WILL HAVE RECEIVED A SECOND DOSE OF MMR. . | DATA SOURCES: FY 2000 ENROLLMENT DATA, AND 2000 HEDIS AND ENCOUNTER DATA. METHODOLOGY: REVIEW OF HEDIS AND ENCOUNTER DATA FOR AGE APPROPRIATE UTAH CHIP ENROLLEES. PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE UTAH CHIP 2000 EVALUATION, THIS INFORMATION WILL BE PROVIDED BY THE UTAH CHIP MANAGED CARE ORGANIZATIONS THAT ARE CONTRACTED TO PROVIDE SERVICES. THIS IS A UTAH CHIP HEDIS REPORTING REQUIREMENT. |

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|--|---|---|
| (3.0) ENSURE THAT CHILDREN ENROLLED IN UTAH CHIP RECEIVE TIMELY AND COMPREHENSIVE PREVENTIVE HEALTH CARE SERVICES | (3.5) BY JUNE 30, 2000, AT LEAST 50 PERCENT OF CHIP ENROLLED CHILDREN EIGHT YEARS OF AGE WILL HAVE RECEIVED PROTECTIVE SEALANTS ON AT LEAST ONE OCCLUSAL SURFACE OF A PERMANENT MOLAR. | <p>DATA SOURCE: FY 2000 ENROLLMENT DATA, AND 2000 ENCOUNTER DATA, OR 2000 CHIP CAHPS SURVEY, OR UTAH CHIP ENROLLEE DENTAL RECORDS.</p> <p>METHODOLOGY: REVIEW OF DENTAL CLAIMS AND ENCOUNTER DATA FOR AGE APPROPRIATE UTAH CHIP ENROLLEES, OR UTAH CHIP ENROLLEES SURVEYED FOR 2000 CHIP CAHPS SURVEY, OR A REVIEW OF RANDOMLY-SELECTED DENTAL RECORDS OF UTAH CHIP ENROLLEES.</p> <p>PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE UTAH CHIP 2000 EVALUATION, THIS INFORMATION WILL EITHER BE PROVIDED BY THE UTAH CHIP MANAGED CARE ORGANIZATION THAT IS CONTRACTED TO PROVIDE DENTAL SERVICES, OR THE 2000 CHIP CAHPS SURVEY WILL BE ADMINISTERED IN SUCH A WAY THAT THIS INFORMATION WILL BE AVAILABLE, OR THE REVIEW OF UTAH CHIP ENROLLEE DENTAL</p> |

| OTHER OBJECTIVES | | |
|---|---|--|
| <p>(4.0) ENSURE THAT CHIP-ENROLLED CHILDREN RECEIVE HIGH QUALITY HEALTH CARE SERVICES.</p> | <p>(4.1) BY JUNE 30, 2000, THE ANNUAL READMISSION RATE FOR ASTHMA HOSPITALIZATIONS AMONG CHIP-ENROLLED CHILDREN WILL HAVE DECREASED COMPARED TO THE RATE DURING THE PREVIOUS YEAR.</p> | <p>DATA SOURCES: 2000 ENCOUNTER DATA, OR HOSPITAL DISCHARGE DATA, OR UTAH CHIP ENROLLEE MEDICAL RECORDS.</p> <p>METHODOLOGY: REVIEW OF 2000 ENCOUNTER DATA, OR HOSPITAL DISCHARGE DATA, OR RANDOMLY-SELECTED MEDICAL RECORDS OF UTAH CHIP ENROLLEES.</p> <p>PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE CHIP 2000 EVALUATION, THIS INFORMATION WILL EITHER BE PROVIDED BY THE UTAH CHIP MANAGED CARE ORGANIZATIONS THAT ARE CONTRACTED TO PROVIDE MEDICAL SERVICES, HOSPITAL DISCHARGE DATA, OR A REVIEW OF UTAH CHIP ENROLLEE MEDICAL RECORDS.</p> |

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| <p>(4.0) ENSURE THAT CHIP-ENROLLED CHILDREN RECEIVE HIGH QUALITY HEALTH CARE SERVICES.</p> | <p>(4.2) BY JUNE 30, 1999, A SET OF QUALITY CARE INDICATORS WILL BE SELECTED AND METHODS ESTABLISHED FOR ONGOING DATA COLLECTION AND MONITORING OF THESE INDICATORS.</p> | <p>DATA SOURCE: 2000 HEDIS REPORTING REQUIREMENTS.</p> <p>PROGRESS SUMMARY: A LIST OF UTAH CHIP HEDIS REPORTING REQUIREMENTS HAS BEEN ESTABLISHED FOR UTAH CHIP. EACH OF THE MANAGED CARE ORGAIZATIONS THAT ARE CONTRACTED TO PROVIDE MEDICAL AND DENTAL SERVICES FOR UTAH CHIP HAS BEEN PROVIDED A COPY OF THE HEDIS 2000 LIST OF MEASURES. TO DAT, THREE OF THE FOUR MANAGED CARE ORGANIZATIONS ARE PREPARED TO REPORT HEDIS DATA FOR CALENDAR YEAR 1999, WHICH IS DUE IN SEPTEMBER 2000. THE FOURTH MANAGED CARE ORGANIZATION IS IN THE PROCESS OF SYSTEM MODIFICATION IN ORDER TO BE COMPLIANT WITH HEDIS REPORTING REQUIREMENTS.</p> |
| <p>(4.0) ENSURE THAT CHIP-ENROLLED CHILDREN RECEIVE HIGH QUALITY HEALTH CARE SERVICES.</p> | <p>(4.3) BY JUNE 30, 2000 AT LEAST 90 PERCENT OF CHIP ENROLLEES SURVEYED WILL REPORT OVERALL SATISFACTION WITH THEIR HEALTH CARE.</p> | <p>DATA SOURCE: 1999 CHIP CAHPS PHONE SURVEY, 34.</p> <p>METHODOLOGY: 832 UTAH CHIP ENROLLEES SURVEYED FOR 1999 CHIP CAHPS SURVEY.</p> <p>PROGRESS SUMMARY: ON A SCALE OF ONE (1) TO TEN (10) WITH TEN BEING THE BEST, 91.7% OF SURVEY RESPONDENTS RATED THEIR SATISFACTION OF UTAH CHIP HEALTH CARE BETWEEN SEVEN (7) AND TEN. 45.6% OF SURVEY RESPONDENTS RATED THEIR UTAH CHIP HEALTH CARE AS THE BEST HEALTH CARE POSSIBLE.</p> |

| | | |
|---|---|--|
| <p>(5.0) IMPROVE HEALTH STATUS AMONG CHILDREN ENROLLED IN UTAH CHIP.</p> | <p>(5.1) BY JUNE 30, 2000, NO MORE THAN 20 PERCENT OF THE UTAH CHIP ENROLLED CHILDREN AGES SIX THROUGH EIGHT YEARS OLD WILL HAVE UNTREATED DENTAL CARRIES.</p> | <p>DATA SOURCES: 2000 CHIP CAHPS SURVEY, OR UTAH CHIP ENROLLEE DENTAL RECORDS.</p> <p>METHODOLOGY: UTAH CHIP ENROLLEES SURVEYED FOR 2000 CHIP CAHPS SURVEY, OR A REVIEW OF RANDOMLY-SELECTED DENTAL RECORDS OF UTAH CHIP ENROLLEES.</p> <p>PROGRESS SUMMARY: PRELIMINARY INFORMATION IS NOT AVAILABLE FOR THIS EVALUATION. FOR THE UTAH CHIP 2000 EVALUATION, THIS INFORMATION WILL BE PROVIDED AFTER THE ANALYSIS OF THE 2000 CHIP CAHPS SURVEY, OR UTAH CHIP ENROLLEE DENTAL RECORDS.</p> |
|---|---|--|

| | | |
|---|---|--|
| <p>(5.0) IMPROVE HEALTH STATUS AMONG CHILDREN ENROLLED IN UTAH CHIP.</p> | <p>(5.2) BY JUNE 30, 1999, A METHOD WILL BE ESTABLISHED AND A SURVEY INSTRUMENT DEVELOPED AND/OR ADAPTED FOR USE IN ASSESSING OVERALL HEALTH STATUS AMONG UTAH CHIP ENROLLEES OVER TIME AND AS COMPARED TO OTHER GROUPS OF CHILDREN.</p> | <p>DATA SOURCE: 1999 CHIP CAHPS SURVEY.</p> <p>PROGRESS SUMMARY: UTAH CHIP HAS DEVELOPED A CHIP SPECIFIC CAHPS SURVEY WHICH WILL BE ADMINISTERED AT LEAST ONCE PER YEAR. A COPY OF THE 1999 SURVEY RESULTS IS ATTACHED TO THIS REPORT.</p> |
|---|---|--|

SECTION 2. BACKGROUND

THIS SECTION IS DESIGNED TO PROVIDE BACKGROUND INFORMATION ON CHIP PROGRAM(S) FUNDED THROUGH TITLE XXI.

2.1 HOW ARE TITLE XXI FUNDS BEING USED IN YOUR STATE?

2.1.1 LIST ALL PROGRAMS IN YOUR STATE THAT ARE FUNDED THROUGH TITLE XXI. (CHECK ALL THAT APPLY.)

☐ PROVIDING EXPANDED ELIGIBILITY UNDER THE STATE'S MEDICAID PLAN (MEDICAID CHIP EXPANSION)

NAME OF PROGRAM: _____

DATE ENROLLMENT BEGAN (I.E., WHEN CHILDREN FIRST BECAME ELIGIBLE TO RECEIVE SERVICES):

☒ OBTAINING COVERAGE THAT MEETS THE REQUIREMENTS FOR A STATE CHILD HEALTH INSURANCE PLAN (STATE-DESIGNED CHIP PROGRAM)

NAME OF PROGRAM: UTAH CHIP

DATE ENROLLMENT BEGAN (I.E., WHEN CHILDREN FIRST BECAME ELIGIBLE TO RECEIVE SERVICES): AUGUST 3, 1998

☐ OTHER - FAMILY COVERAGE

NAME OF PROGRAM: _____

-

DATE ENROLLMENT BEGAN (I.E., WHEN CHILDREN FIRST BECAME ELIGIBLE TO RECEIVE SERVICES): _____

___ OTHER - EMPLOYER-SPONSORED INSURANCE COVERAGE

NAME OF PROGRAM: _____

-

DATE ENROLLMENT BEGAN (I.E., WHEN CHILDREN FIRST BECAME ELIGIBLE TO RECEIVE SERVICES): _____

___ OTHER - WRAPAROUND BENEFIT PACKAGE

NAME OF PROGRAM: _____

-

DATE ENROLLMENT BEGAN (I.E., WHEN CHILDREN FIRST BECAME ELIGIBLE TO RECEIVE SERVICES): _____

___ OTHER (SPECIFY)

NAME OF PROGRAM: _____

-

DATE ENROLLMENT BEGAN (I.E., WHEN CHILDREN FIRST BECAME ELIGIBLE TO RECEIVE SERVICES): _____

2.1.2 IF STATE OFFERS FAMILY COVERAGE: PLEASE PROVIDE A BRIEF NARRATIVE ABOUT REQUIREMENTS FOR PARTICIPATION IN THIS

**PROGRAM AND HOW THIS PROGRAM IS COORDINATED WITH OTHER
CHIP PROGRAMS.**

NA TO UTAH

- 2.1.3 IF STATE HAS A BUY-IN PROGRAM FOR EMPLOYER-SPONSORED INSURANCE: PLEASE PROVIDE A BRIEF NARRATIVE ABOUT REQUIREMENTS FOR PARTICIPATION IN THIS PROGRAM AND HOW THIS PROGRAM IS COORDINATED WITH OTHER CHIP PROGRAMS.**

NA TO UTAH

- 2.2 WHAT ENVIRONMENTAL FACTORS IN YOUR STATE AFFECT YOUR CHIP PROGRAM?
(SECTION 2108(B)(1)(E))**

- 2.2.1 HOW DID PRE-EXISTING PROGRAMS (INCLUDING MEDICAID) AFFECT THE DESIGN OF YOUR CHIP PROGRAM(S)?**

UTAH DESIGNED THEIR CHIP PROGRAM AROUND THE BENEFITS OF THE UTAH PUBLIC EMPLOYEES HEALTH PROGRAM (PEHP), WITH CONSULTATION AND ADVICE FROM A COMMUNITY GROUP. THE PEHP WAS SELECTED AS THE BENCHMARK BENEFIT PACKAGE.

THE ELIGIBILITY SYSTEM AND DETERMINATION FUNCTION IS PERFORMED BY THE MEDICAID ELIGIBILITY STAFF. THIS ENABLES ELIGIBILITY FOR CHIP OR MEDICAID TO BE PERFORMED RELATIVELY SEAMLESSLY, NO MATTER FOR WHICH PROGRAM THE APPLICANT ORIGINALLY APPLIES.

- 2.2.2 WERE ANY OF THE PREEXISTING PROGRAMS “STATE-ONLY” AND IF SO WHAT HAS HAPPENED TO THAT PROGRAM?**

NO PRE-EXISTING PROGRAMS WERE “STATE-ONLY”

X ONE OR MORE PRE-EXISTING PROGRAMS WERE “STATE ONLY”
! DESCRIBE CURRENT STATUS OF PROGRAM(S): IS IT STILL
ENROLLING CHILDREN? WHAT IS ITS TARGET GROUP? WAS IT
FOLDED INTO CHIP?

UTAH’S PEHP PROGRAM IS, OF COURSE, STATE-ONLY. IT ENROLLS EMPLOYEES AND
DEPENDENTS OF STATE EMPLOYEES AND CONTINUES TO DO SO.

2.2.3

DESCRIBE CHANGES AND TRENDS IN THE STATE SINCE IMPLEMENTATION OF YOUR TITLE XXI PROGRAM THAT “AFFECT THE PROVISION OF ACCESSIBLE, AFFORDABLE, QUALITY HEALTH INSURANCE AND HEALTHCARE FOR CHILDREN.” (SECTION 2108(B)(1)(E))

EXAMPLES ARE LISTED BELOW. CHECK ALL THAT APPLY AND PROVIDE DESCRIPTIVE NARRATIVE IF APPLICABLE. PLEASE INDICATE SOURCE OF INFORMATION (E.G., NEWS ACCOUNT, EVALUATION STUDY) AND, WHERE AVAILABLE, PROVIDE QUANTITATIVE MEASURES ABOUT THE EFFECTS ON YOUR CHIP PROGRAM.

X CHANGES TO THE MEDICAID PROGRAM

☐ **PRESUMPTIVE ELIGIBILITY FOR CHILDREN**

☐ **COVERAGE OF SUPPLEMENTAL SECURITY INCOME (SSI) CHILDREN**

☐ **PROVISION OF CONTINUOUS COVERAGE (SPECIFY NUMBER OF MONTHS)**

☐ **ELIMINATION OF ASSETS TESTS**

☐ **ELIMINATION OF FACE-TO-FACE ELIGIBILITY INTERVIEWS**

☒ **EASING OF DOCUMENTATION REQUIREMENTS**

☐ **IMPACT OF WELFARE REFORM ON MEDICAID ENROLLMENT AND CHANGES TO AFDC/TANF (SPECIFY)**

☐ **CHANGES IN THE PRIVATE INSURANCE MARKET THAT COULD AFFECT AFFORDABILITY OF OR ACCESSIBILITY TO PRIVATE HEALTH INSURANCE**

☐ **HEALTH INSURANCE PREMIUM RATE INCREASES**

☐ **LEGAL OR REGULATORY CHANGES RELATED TO INSURANCE**

☐ **CHANGES IN INSURANCE CARRIER PARTICIPATION (E.G., NEW CARRIERS ENTERING MARKET OR EXISTING CARRIERS EXITING MARKET)**

- _____ **CHANGES IN EMPLOYEE COST-SHARING FOR INSURANCE**
- _____ **AVAILABILITY OF SUBSIDIES FOR ADULT COVERAGE**
- _____ **OTHER (SPECIFY) _____**
- _____

- _____ **CHANGES IN THE DELIVERY SYSTEM**
 - _____ **CHANGES IN EXTENT OF MANAGED CARE PENETRATION (E.G., CHANGES IN HMO, IPA, PPO ACTIVITY)**
 - _____ **CHANGES IN HOSPITAL MARKETPLACE (E.G., CLOSURE, CONVERSION, MERGER)**
 - _____ **OTHER (SPECIFY) _____**
- _____ **DEVELOPMENT OF NEW HEALTH CARE PROGRAMS OR SERVICES FOR TARGETED LOW-INCOME CHILDREN (SPECIFY)**
 - _____

- _____ **CHANGES IN THE DEMOGRAPHIC OR SOCIOECONOMIC CONTEXT**
 - _____ **CHANGES IN POPULATION CHARACTERISTICS, SUCH AS RACIAL/ETHNIC MIX OR IMMIGRANT STATUS (SPECIFY) _____**
 - _____ **CHANGES IN ECONOMIC CIRCUMSTANCES, SUCH AS UNEMPLOYMENT RATE (SPECIFY) _____**
 - _____ **OTHER (SPECIFY) _____**
 - _____ **OTHER (SPECIFY) _____**
 - _____

SECTION 3. PROGRAM DESIGN

THIS SECTION IS DESIGNED TO PROVIDE A DESCRIPTION OF THE ELEMENTS OF YOUR STATE PLAN, INCLUDING ELIGIBILITY, BENEFITS, DELIVERY SYSTEM, COST-SHARING, OUTREACH, COORDINATION WITH OTHER PROGRAMS, AND ANTI-CROWD-OUT PROVISIONS.

3.1 WHO IS ELIGIBLE?

3.1.1 DESCRIBE THE STANDARDS USED TO DETERMINE ELIGIBILITY OF TARGETED LOW-INCOME CHILDREN FOR CHILD HEALTH ASSISTANCE UNDER THE PLAN. FOR EACH STANDARD, DESCRIBE THE CRITERIA USED TO APPLY THE STANDARD. IF NOT APPLICABLE, ENTER “NA.”

| TABLE 3.1.1 | | | |
|---|--|---|------------------------------------|
| | MEDICAID CHIP EXPANSION PROGRAM | STATE- DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM* |
| GEOGRAPHIC AREA SERVED BY THE PLAN (SECTION 2108(B)(1)(B)(IV)) | | STATEWIDE | |
| AGE | | 18 & YOUNGER | |
| INCOME (DEFINE COUNTABLE INCOME) | | 200% FPL | |
| RESOURCES (INCLUDING ANY STANDARDS RELATING TO SPEND DOWNS AND DISPOSITION OF RESOURCES) | | NA | |

| | | | |
|---|--|--|--|
| RESIDENCY REQUIREMENTS | | YES; APPLICANT MUST “INTEND TO RESIDE” IN UTAH | |
| DISABILITY STATUS | | NA | |
| ACCESS TO OR COVERAGE UNDER OTHER HEALTH COVERAGE (SECTION 2108(B)(1)(B)(I)) | | NOT ELIGIBLE FOR CHIP IF APPLICANT CURRENTLY HAS OTHER COVERAGE, INCLUDING MEDICAID, OR HAS “ACCESS TO” OTHER COVERAGE. UTAH CONSIDERS AN APPLICANT TO HAVE “ACCESS TO” OTHER COVERAGE IF APPLICANT’S ACCESSIBLE COVERAGE COSTS LESS THAN 5% OF HOUSEHOLD INCOME. | |
| OTHER STANDARDS (IDENTIFY AND DESCRIBE)_____ _____ | | | |

3.1.2 HOW OFTEN IS ELIGIBILITY REDETERMINED?

| <i>TABLE 3.1.2</i> | | | |
|--------------------------------|---------------------------------------|------------------------------------|------------------------|
| REDETERMINATION | MEDICAID CHIP EXPANSION PROGRAM | STATE- DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM* |
| MONTHLY | | NA | |
| EVERY SIX MONTHS | | NA | |
| EVERY TWELVE MONTHS | | YES | |
| OTHER (SPECIFY) _____ _____ | | | |

3.1.3 IS ELIGIBILITY GUARANTEED FOR A SPECIFIED PERIOD OF TIME REGARDLESS OF INCOME CHANGES? (SECTION 2108(B)(1)(B)(V))

☒ YES ☐ WHICH PROGRAM(S)? CHIP

FOR HOW LONG? 12 MONTHS

☐ No

3.1.4 DOES THE CHIP PROGRAM PROVIDE RETROACTIVE ELIGIBILITY?

☐ YES ☐ WHICH PROGRAM(S)? _____

HOW MANY MONTHS LOOK-BACK? _____

☒ No

3.1.5 DOES THE CHIP PROGRAM HAVE PRESUMPTIVE ELIGIBILITY?

☐ YES ☐ WHICH PROGRAM(S)? _____

WHICH POPULATIONS?_____

WHO DETERMINES?_____

X **No**

3.1.6 DO YOUR MEDICAID PROGRAM AND CHIP PROGRAM HAVE A JOINT APPLICATION?

 Yes ^o **IS THE JOINT APPLICATION USED TO DETERMINE ELIGIBILITY FOR OTHER STATE PROGRAMS? IF YES, SPECIFY.** _____

X **No**

3.1.7 EVALUATE THE STRENGTHS AND WEAKNESSES OF YOUR *ELIGIBILITY DETERMINATION* PROCESS IN INCREASING CREDITABLE HEALTH COVERAGE AMONG TARGETED LOW-INCOME CHILDREN

STRENGTHS:

THE SAME ELIGIBILITY STAFF THAT (RE)DETERMINES MEDICAID ELIGIBILITY ALSO (RE)DETERMINES CHIP ELIGIBILITY. BY THIS APPROACH, IF AN APPLICANT APPLIES FOR ONE PROGRAM, BUT IS ACTUALLY ELIGIBLE FOR ANOTHER, THE APPLICATION IS AUTOMATICALLY SCREENED FOR THE APPROPRIATE PROGRAM WITHOUT TRANSITIONAL DELAYS. ALSO, AS ENROLLEES' INCOME CHANGES, AND BECOME ELIGIBLE FOR CHIP OR MEDICAID, THIS TRANSFER HAPPENS RELATIVELY SEAMLESSLY.

DATA FROM BOTH PROGRAMS IS ALSO MAINTAINED WITH THE SAME PROGRAM DATABASE, ENABLING ELIGIBILITY STAFF TO QUERY INFORMATION FOR ENROLLEES FROM EITHER PROGRAM AND FACILITATING EASIER TRANSFERS BETWEEN PROGRAMS.

WEAKNESSES:

ENROLLEES THAT DO NOT RESPOND TO OUR RECERTIFICATION NOTICES (INCLUDING LETTERS AND PHONE CALLS), ARE TERMINATED FROM THE PROGRAM. THERE MAY BE SOME ENROLLEES THAT ARE TERMINATED DUE TO A LACK OF UNDERSTANDING ABOUT THE RECERTIFICATION PROCESS. UTAH IS IN THE PROCESS OF MAKING SOME MODIFICATIONS TO ITS RECERTIFICATION PROCESS TO MAKE IT EASIER FOR ENROLLEES TO UNDERSTAND AND RECERTIFY, IF THEY SO DESIRE.

3.1.8 EVALUATE THE STRENGTHS AND WEAKNESSES OF YOUR *ELIGIBILITY REDETERMINATION* PROCESS IN INCREASING CREDITABLE HEALTH COVERAGE AMONG TARGETED LOW-INCOME CHILDREN. HOW DOES THE REDETERMINATION PROCESS DIFFER FROM THE INITIAL ELIGIBILITY DETERMINATION PROCESS?

THE STRENGTHS AND WEAKNESSES ARE THE SAME AS THE INITIAL ELIGIBILITY DETERMINATION PROCESS. THE INFORMATION RECEIVED IN THE REDETERMINATION PROCESS IS THE SAME AS RECEIVED IN THE INITIAL APPLICATION.

**3.2 WHAT BENEFITS DO CHILDREN RECEIVE AND HOW IS THE DELIVERY SYSTEM STRUCTURED?
(SECTION 2108(B)(1)(B)(VI))**

3.2.1 BENEFITS

PLEASE COMPLETE TABLE 3.2.1 FOR EACH OF YOUR CHIP PROGRAMS, SHOWING WHICH BENEFITS ARE COVERED, THE EXTENT OF COST-SHARING (IF ANY), AND BENEFIT LIMITS (IF ANY).

PLEASE NOTE: THIS TABLE REFLECTS UTAH'S TWO DIFFERENT PLANS. PLAN A APPLIES TO ENROLLEES AT OR BELOW 150% FPL AND PLAN B APPLIES TO ENROLLEES ABOVE 150% FPL THROUGH 200% FPL.

| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|---|-------------------------------|---|--|
| BENEFIT | IS SERVICE COVERED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| INPATIENT HOSPITAL SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 90% | SEE EXCLUSIONS (ATTACHED) FOR ALL SERVICES |
| EMERGENCY HOSPITAL SERVICES | U | PLAN A: \$5 COPAY FOR EMERGENT USE; \$10 COPAY FOR NON-EMERGENT USE PLAN B: \$30 COPAY | |
| OUTPATIENT HOSPITAL SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 90% | |
| PHYSICIAN SERVICES | U | PLAN A: \$5 COPAY PLAN B: \$10 COPAY (NO COPAY FOR PREVENTIVE SERVICES) | |
| CLINIC SERVICES | NA | | |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u> S-CHIP </u> | | | |
|--|--|---|---|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| PRESCRIPTION DRUGS | U | PLAN A: \$2 COPAY PLAN B: \$4 COPAY OR 50% COINSURANCE FOR BRAND NAME DRUGS NOT ON APPROVED LIST | DRUGS MUST BE ON APPROVED LIST OR 50% COINSURANCE APPLIES TO PLAN B. |
| OVER-THE-COUNTER MEDICATIONS | NA | | |
| OUTPATIENT LABORATORY AND RADIOLOGY SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 100% FOR LAB SERVICES UNDER \$50 AND X- RAY SERVICES UNDER \$100; PLAN PAYS 90% FOR LAB SERVICES ABOVE \$50 AND X-RAY SERVICES ABOVE \$100. | |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|--|--|---|--|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| PRENATAL CARE | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 100% | UPON DELIVERY, ENROLLEE PAYS HOSPITAL SAME AS INPATIENT COPAY. PRENATAL CLASSES ARE NOT COVERED |
| FAMILY PLANNING SERVICES | U | PLAN A: \$5 COPAY PLAN B: \$10 COPAY | NORPLANT, INFERTILITY DRUGS, IN-VITRO FERTILIZATION, AND GENETIC COUNSELING ARE NOT COVERED. ABORTIONS ARE COVERED ONLY TO SAVE THE LIFE OF THE MOTHER. |
| INPATIENT MENTAL HEALTH SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 90% FOR FIRST 10 DAYS, 50% FOR NEXT 20 DAYS | 30 DAY LIMIT PER CHILD, PER PLAN YEAR |
| OUTPATIENT MENTAL HEALTH SERVICES | U | PLAN A: \$5 COPAY PER VISIT PLAN B: 50% COINSURANCE PER VISIT | 30 VISIT LIMIT PER CHILD, PER PLAN YEAR |

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| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|---|--|---|---|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| INPATIENT SUBSTANCE ABUSE TREATMENT SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 90% FOR FIRST 10 DAYS, 50% FOR NEXT 20 DAYS | SUBSTANCE ABUSE BENEFITS ARE USED IN COMBINATION WITH MENTAL HEALTH BENEFIT. FOR EXAMPLE, AN ENROLLEE CAN USE 15 INPATIENT DAYS FOR MENTAL ILLNESS AND 15 INPATIENT DAYS FOR SUBSTANCE ABUSE TREATMENT. THE SAME HOLDS FOR OUTPATIENT. |
| RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 90% FOR FIRST 10 DAYS, 50% FOR NEXT 20 DAYS | RESIDENTIAL TREATMENT MAY BE PROVIDED IN LIEU OF INPATIENT CARE IF THE ENROLLEE WOULD BE OTHERWISE HOSPITALIZED FOR TREATMENT OF A MENTAL ILLNESS OR SUBSTANCE ABUSE. THE SAME 30 DAY LIMIT PER YEAR APPLIES. |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|--|--|--|--|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| OUTPATIENT SUBSTANCE ABUSE TREATMENT SERVICES | U | PLAN A: \$5 COPAY PER VISIT PLAN B: 50% COINSURANCE PER VISIT | SUBSTANCE ABUSE BENEFITS ARE USED IN COMBINATION WITH MENTAL HEALTH BENEFIT. FOR EXAMPLE, AN ENROLLEE CAN USE 15 OUTPATIENT VISITS FOR MENTAL ILLNESS AND 15 OUTPATIENT VISITS FOR SUBSTANCE ABUSE TREATMENT. |
| DURABLE MEDICAL EQUIPMENT | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 80% | |
| DISPOSABLE MEDICAL SUPPLIES | ??? | | OTC NOT COVERED, NEEDLES COVERED AS PHARMACY BENEFIT |
| PREVENTIVE DENTAL SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 100% | SERVICES COVERED INCLUDE: CLEANING, EXAM, BITEWING X-RAYS, FLUORIDE, AND SEALANTS. |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u> S-CHIP </u> | | | |
|--|--|--|---|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| RESTORATIVE DENTAL SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 80% | SERVICES COVERED INCLUDE: FILLINGS, SPACE MAINTAINERS, PULPOTOMIES, AND EXTRACTIONS. |
| HEARING SCREENING | U | PLANS A & B: PLAN PAYS \$30 | |
| HEARING AIDS | U | PLANS A & B: PLAN PAYS \$500 FOR MONAURAL AIDS OR \$800 FOR BINAURAL AIDS | |
| VISION SCREENING | U | PLANS A & B: PLAN PAYS \$30 | |
| CORRECTIVE LENSES (INCLUDING EYEGLASSES) | NA | | |
| DEVELOPMENTAL ASSESSMENT | NA | | |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|--|--|---|--|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| IMMUNIZATIONS | U | PLANS A & B: PLAN PAYS 100% | |
| WELL-BABY VISITS | U | PLANS A & B: PLAN PAYS 100% | |
| WELL-CHILD VISITS | U | PLANS A & B: PLAN PAYS 100% | |
| PHYSICAL THERAPY | U | PLAN A: \$5 COPAY PER VISIT PLAN B: \$10 COPAY PER VISIT | 16 VISIT LIMIT PER YEAR APPLIES TO ANY COMBINATION OF PHYSICAL, OCCUPATIONAL, SPEECH, OR CHIROPRACTIC VISITS. |
| SPEECH THERAPY | U | PLAN A: \$5 COPAY PER VISIT PLAN B: \$10 COPAY PER VISIT | 16 VISIT LIMIT PER YEAR APPLIES TO ANY COMBINATION OF PHYSICAL, OCCUPATIONAL, SPEECH, OR CHIROPRACTIC VISITS. |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|--|--|---|--|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| OCCUPATIONAL THERAPY | U | PLAN A: \$5 COPAY PER VISIT PLAN B: \$10 COPAY PER VISIT | 16 VISIT LIMIT PER YEAR APPLIES TO ANY COMBINATION OF PHYSICAL, OCCUPATIONAL, SPEECH, OR CHIROPRACTIC VISITS. |
| PHYSICAL REHABILITATION SERVICES | NA | | |
| PODIATRIC SERVICES | U | PLAN A: \$5 COPAY PER VISIT PLAN B: \$10 COPAY PER VISIT | 16 VISIT LIMIT PER YEAR APPLIES TO ANY COMBINATION OF PHYSICAL, OCCUPATIONAL, SPEECH, OR CHIROPRACTIC VISITS. |
| CHIROPRACTIC SERVICES | U | PLAN A: \$5 COPAY PER VISIT PLAN B: \$10 COPAY PER VISIT | 16 VISIT LIMIT PER YEAR APPLIES TO ANY COMBINATION OF PHYSICAL, OCCUPATIONAL, SPEECH, OR CHIROPRACTIC VISITS. |

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| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|--|--|--|---|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| MEDICAL TRANSPORTATION | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 100% | GROUND AND AIR TRANSPORTATION FOR MEDICAL EMERGENCIES ONLY |
| HOME HEALTH SERVICES | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 100% | HOME HEALTH SERVICES ARE DEFINED AS INTERMITTENT NURSING CARE PROVIDED BY CERTIFIED NURSING PROFESSIONALS IN THE ENROLLEE'S HOME WHEN THE ENROLLEE IS HOMEBOUND OR SEMI-HOMEBOUND. HOME HEALTH CARE IS TO RENDERED BY A MEDICARE-CERTIFIED HOME HEALTH AGENCY. |
| NURSING FACILITY | NA | | |
| ICF/MR | NA | | |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|---|--|--|--|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| HOSPICE CARE | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 100% | SERVICES DELIVERED TO TERMINALLY ILL PATIENTS (SIX MONTHS LIFE EXPECTANCY) WHO ELECT PALLIATIVE VERSUS AGGRESSIVE CARE. HOSPICE CARE IS TO BE RENDERED BY A MEDICARE-CERTIFIED HOSPICE. |
| PRIVATE DUTY NURSING | NA | | |
| PERSONAL CARE SERVICES | NA | | |
| HABILITATIVE SERVICES | NA | | |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | |
|---|--|--|--|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| CASE MANAGEMENT/CARE COORDINATION | U | PLAN A: PLAN PAYS 100% PLAN B: PLAN PAYS 100% | THE HEALTH PLAN MUST IDENTIFY CHILDREN WITH SPECIAL HEALTH CARE NEEDS USING A PROCESS AT THE INITIAL CONTACT MADE BY THE HEALTH PLAN REPRESENTATIVE TO EDUCATE THE CLIENT AND MUST OFFER THE CLIENT CARE COORDINATION OR CASE MANAGEMENT SERVICES. CARE COORDINATION SERVICES ARE SERVICES TO ASSIST THE CLIENT IN OBTAINING NEEDED MEDICAL SERVICES FROM THE HEALTH PLAN OR ANOTHER ENTITY IF THE MEDICAL SERVICE IS NOT COVERED UNDER THE CONTRACT. |
| NON-EMERGENCY TRANSPORTATION | NA | | |

| TABLE 3.2.1 CHIP PROGRAM TYPE <u> S-CHIP </u> | | | |
|--|--|-------------------------------|---------------------------------|
| BENEFIT | IS SERVIC E COVER ED? (T = YES) | COST-SHARING (SPECIFY) | BENEFIT LIMITS (SPECIFY) |
| INTERPRETER SERVICES | NA | | |
| OTHER (SPECIFY) _____ | | | |
| OTHER (SPECIFY) _____ | | | |
| OTHER (SPECIFY) _____ | | | |

3.2.2 SCOPE AND RANGE OF HEALTH BENEFITS (SECTION 2108(B)(1)(B)(II))

PLEASE COMMENT ON THE SCOPE AND RANGE OF HEALTH COVERAGE PROVIDED, INCLUDING THE TYPES OF BENEFITS PROVIDED AND COST-SHARING REQUIREMENTS. PLEASE HIGHLIGHT THE LEVEL OF PREVENTIVE SERVICES OFFERED AND SERVICES AVAILABLE TO CHILDREN WITH SPECIAL HEALTH CARE NEEDS. ALSO, DESCRIBE ANY ENABLING SERVICES OFFERED TO CHIP ENROLLEES. (ENABLING SERVICES INCLUDE NON-EMERGENCY TRANSPORTATION, INTERPRETATION, INDIVIDUAL NEEDS ASSESSMENT, HOME VISITS, COMMUNITY OUTREACH, TRANSLATION OF WRITTEN MATERIALS, AND OTHER SERVICES DESIGNED TO FACILITATE ACCESS TO CARE.)

SEE CHART 3.2.1 ABOVE AND THE ATTACHMENT DETAILING THE BENEFITS, EXCLUSIONS, AND COPAYMENT REQUIREMENTS.

3.2.3 DELIVERY SYSTEM

IDENTIFY IN TABLE 3.2.3 THE METHODS OF DELIVERY OF THE CHILD HEALTH ASSISTANCE USING TITLE XXI FUNDS TO TARGETED LOW-INCOME CHILDREN. CHECK ALL THAT APPLY.

| <i>TABLE 3.2.3</i> | | | |
|--|---------------------------------|-----------------------------|------------------------------|
| TYPE OF DELIVERY SYSTEM | MEDICAID CHIP EXPANSION PROGRAM | STATE-DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM* _____ |
| A. COMPREHENSIVE RISK MANAGED CARE ORGANIZATIONS (MCOs) | | YES | |
| STATEWIDE? | ___ YES ___ No | <u>X</u> YES ___ No | ___ YES ___ No |
| MANDATORY ENROLLMENT? | ___ YES ___ No | <u>X</u> YES ___ No | ___ YES ___ No |
| NUMBER OF MCOs | | 4 | |
| B. PRIMARY CARE CASE MANAGEMENT (PCCM) PROGRAM | | No | |

TABLE 3.2.3

| | | | |
|---|--|-----------|--|
| C. NON-COMPREHENSIVE RISK CONTRACTORS FOR SELECTED SERVICES SUCH AS MENTAL HEALTH, DENTAL, OR VISION (SPECIFY SERVICES THAT ARE CARVED OUT TO MANAGED CARE, IF APPLICABLE) | | No | |
| D. INDEMNITY/FEE-FOR-SERVICE (SPECIFY SERVICES THAT ARE CARVED OUT TO FFS, IF APPLICABLE) | | No | |
| E. OTHER (SPECIFY)_____ | | | |
| F. OTHER (SPECIFY)_____ | | | |
| G. OTHER (SPECIFY)_____ | | | |

3.3 HOW MUCH DOES CHIP COST FAMILIES?

3.3.1 IS COST SHARING IMPOSED ON ANY OF THE FAMILIES COVERED UNDER THE PLAN? (COST SHARING INCLUDES PREMIUMS, ENROLLMENT FEES, DEDUCTIBLES, COINSURANCE/COPAYMENTS, OR OTHER OUT-OF-POCKET EXPENSES PAID BY THE FAMILY.)

___ **No, SKIP TO SECTION**

X YES, CHECK ALL THAT APPLY IN TABLE 3.3.1

| <i>TABLE 3.3.1</i> | | | |
|--------------------------|---------------------------------------|---------------------------------------|------------------------|
| TYPE OF COST-SHARING | MEDICAID CHIP EXPANSION PROGRAM | STATE- DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM* |
| PREMIUMS | | NO | |
| ENROLLMENT FEE | | NO | |
| DEDUCTIBLES | | NO | |
| COINSURANCE/COPAYMENTS** | | YES | |
| OTHER (SPECIFY) _____ | | | |

****SEE TABLE 3.2.1 FOR DETAILED INFORMATION.**

3.3.2 IF PREMIUMS ARE CHARGED: WHAT IS THE LEVEL OF PREMIUMS AND HOW DO THEY VARY BY PROGRAM, INCOME, FAMILY SIZE, OR OTHER CRITERIA? (DESCRIBE CRITERIA AND ATTACH SCHEDULE.) HOW OFTEN ARE PREMIUMS COLLECTED? WHAT DO YOU DO IF FAMILIES FAIL TO PAY THE PREMIUM? IS THERE A WAITING PERIOD (LOCK-OUT) BEFORE A FAMILY CAN RE-ENROLL? DO YOU HAVE ANY INNOVATIVE APPROACHES TO PREMIUM COLLECTION?

3.3.3 IF PREMIUMS ARE CHARGED: WHO MAY PAY FOR THE PREMIUM? CHECK ALL THAT APPLY. (SECTION 2108(B)(1)(B)(III))

- ___ EMPLOYER
- ___ FAMILY
- ___ ABSENT PARENT
- ___ PRIVATE DONATIONS/SPONSORSHIP

____ OTHER (SPECIFY) _____

- 3.3.4 IF ENROLLMENT FEE IS CHARGED: WHAT IS THE AMOUNT OF THE ENROLLMENT FEE AND HOW DOES IT VARY BY PROGRAM, INCOME, FAMILY SIZE, OR OTHER CRITERIA?**
- 3.3.5 IF DEDUCTIBLES ARE CHARGED: WHAT IS THE AMOUNT OF DEDUCTIBLES (SPECIFY, INCLUDING VARIATIONS BY PROGRAM, HEALTH PLAN, TYPE OF SERVICE, AND OTHER CRITERIA)?**
- 3.3.6 HOW ARE FAMILIES NOTIFIED OF THEIR COST-SHARING REQUIREMENTS UNDER CHIP, INCLUDING THE 5 PERCENT CAP? MEMBER HANDBOOKS FROM THE MCOs, BENEFIT REVIEW WITH ELIGIBILITY STAFF AT ENROLLMENT, MCO INTERVIEW WITH NEW MEMBERS, BENEFIT UPDATES MAILED TO HOMES.**
- 3.3.7 HOW IS YOUR CHIP PROGRAM MONITORING THAT ANNUAL AGGREGATE COST-SHARING DOES NOT EXCEED 5 PERCENT OF FAMILY INCOME? CHECK ALL THAT APPLY BELOW AND INCLUDE A NARRATIVE PROVIDING FURTHER DETAILS ON THE APPROACH.**

- ☒ **SHOEBOX METHOD (FAMILIES SAVE RECORDS DOCUMENTING CUMULATIVE LEVEL OF COST SHARING)**
- ☒ **HEALTH PLAN ADMINISTRATION (HEALTH PLANS TRACK CUMULATIVE LEVEL OF COST SHARING)**
- ____ **AUDIT AND RECONCILIATION (STATE PERFORMS AUDIT OF UTILIZATION AND COST SHARING)**
- ____ **OTHER (SPECIFY) _____**

THE MANAGED CARE ORGANIZATIONS (MCOs) PROVIDE MONTHLY MEMBER OUT-OF-POCKET DATA TO THE UTAH DEPARTMENT OF HEALTH (UDOH). WHEN THE UDOH COMPUTER DATABASE SHOWS A MEMBER EXCEEDS THE 5 PERCENT MAXIMUM, A LETTER IS SENT TO THE MCO AND MEMBER. THE MCO INFORMS THE PROVIDERS THAT NO ADDITIONAL COPAYMENTS ARE REQUIRED FROM THE MEMBER.

- 3.3.8 WHAT PERCENT OF FAMILIES HIT THE 5 PERCENT CAP SINCE YOUR CHIP**

PROGRAM WAS IMPLEMENTED? (IF MORE THAN ONE CHIP PROGRAM WITH COST SHARING, SPECIFY FOR EACH PROGRAM.)

BEGINNING AUGUST 3, 1998 AND ENDING MARCH 24, 2000, 93 ENROLLEES HAVE REACHED THE 5% CAP . THE INFORMATION PROVIDED BY THE MANAGED CARE ORGANIZATIONS THAT HAVE BEEN CONTRACTED TO PROVIDE SERVICES WAS NOT COLLECTED OR REPORTED BY PLAN TYPE, UTAH CHIP PLAN A OR PLAN B. FOR UTAH CHIP EVALUATION 2000, THIS INFORMATION WILL BE COLLECTED AND REPORTED BY PLAN TYPE.

3.3.9 HAS YOUR STATE UNDERTAKEN ANY ASSESSMENT OF THE EFFECTS OF PREMIUMS ON PARTICIPATION OR THE EFFECTS OF COST SHARING ON UTILIZATION, AND IF SO, WHAT HAVE YOU FOUND? No

3.4 HOW DO YOU REACH AND INFORM POTENTIAL ENROLLEES?

3.4.1 WHAT CLIENT EDUCATION AND OUTREACH APPROACHES DOES YOUR CHIP PROGRAM USE?

PLEASE COMPLETE TABLE 3.4.1. IDENTIFY ALL OF THE CLIENT EDUCATION AND OUTREACH APPROACHES USED BY YOUR CHIP PROGRAM(S). SPECIFY WHICH APPROACHES ARE USED (T=YES) AND THEN RATE THE EFFECTIVENESS OF EACH APPROACH ON A SCALE OF 1 TO 5, WHERE 1=LEAST EFFECTIVE AND 5=MOST EFFECTIVE.

| <i>TABLE 3.4.1</i> | | | | | | |
|---|------------------------------------|---------------------|--|---------------------|--------------------------------|---------------------|
| APPROACH | MEDICAID CHIP EXPANSION | | STATE-DESIGNED CHIP PROGRAM | | OTHER CHIP PROGRAM* | |
| | T = YES | RATING (1-5) | T = YES | RATING (1-5) | T = YES | RATING (1-5) |
| BILLBOARDS | | | T | 2 | | |
| BROCHURES/FLYERS | | | T | 4 | | |
| DIRECT MAIL BY STATE/ENROLLMENT BROKER/ADMINISTRATIVE CONTRACTOR | | | T | 3 | | |
| EDUCATION SESSIONS | | | T | 4 | | |
| HOME VISITS BY STATE/ENROLLMENT BROKER/ADMINISTRATIVE CONTRACTOR | | | | | | |
| HOTLINE | | | T | 5 | | |

| <i>TABLE 3.4.1</i> | | | | | | |
|---|--|---|---|---|--|--|
| INCENTIVES FOR EDUCATION/OUTREACH STAFF | | | | | | |
| INCENTIVES FOR ENROLLEES | | | | | | |
| INCENTIVES FOR INSURANCE AGENTS | | | | | | |
| NON-TRADITIONAL HOURS FOR APPLICATION INTAKE | | | | | | |
| PRIME-TIME TV ADVERTISEMENTS | | | T | 5 | | |
| PUBLIC ACCESS CABLE TV | | | | | | |
| PUBLIC TRANSPORTATION ADS | | T | 3 | | | |
| RADIO/NEWSPAPER/TV ADVERTISEMENT AND PSAs | | T | 4 | | | |
| SIGNS/POSTERS | | T | 4 | | | |
| STATE/BROKER INITIATED PHONE CALLS | | | | | | |

| <i>TABLE 3.4.1</i> | | | | | | |
|--|--|---|----------|--|--|--|
| OTHER (SPECIFY) <u>BUSINESS</u> CARDS _____ | | T | 4 | | | |
| OTHER (SPECIFY) <u>EMORY</u> BOARDS _____ | | T | 1 | | | |

3.4.2 WHERE DOES YOUR CHIP PROGRAM CONDUCT CLIENT EDUCATION AND OUTREACH?

PLEASE COMPLETE TABLE 3.4.2. IDENTIFY ALL THE SETTINGS USED BY YOUR CHIP PROGRAM(S) FOR CLIENT EDUCATION AND OUTREACH. SPECIFY WHICH SETTINGS ARE USED (T=YES) AND THEN RATE THE EFFECTIVENESS OF EACH SETTING ON A SCALE OF 1 TO 5, WHERE 1=LEAST EFFECTIVE AND 5=MOST EFFECTIVE.

| <i>TABLE 3.4.2</i> | | | | | | |
|---------------------------------------|------------------------------------|--------------------------|--|--------------------------|--------------------------------|-------------------------|
| SETTING | MEDICAID CHIP EXPANSION | | STATE-DESIGNED CHIP PROGRAM | | OTHER CHIP PROGRAM* | |
| | T = YES | RATING (1- 5) | T = YES | RATING (1- 5) | T = YES | RATING (1-5) |
| BATTERED WOMEN SHELTERS | | | T | 3 | | |
| COMMUNITY SPONSORED EVENTS | | | T | 3 | | |
| BENEFICIARY'S HOME | | | | | | |
| DAY CARE CENTERS | | | T | 3 | | |
| FAITH COMMUNITIES | | | T | 4 | | |
| FAST FOOD RESTAURANTS | | | | | | |
| GROCERY STORES | | | T | 4 | | |
| HOMELESS SHELTERS | | | | | | |
| JOB TRAINING CENTERS | | | T | 2 | | |
| LAUNDROMATS | | | | | | |

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| <i>TABLE 3.4.2</i> | | | | | | |
|--|--|--|---|---|--|--|
| LIBRARIES | | | | | | |
| LOCAL/COMMUNITY HEALTH CENTERS | | | T | 4 | | |
| POINT OF SERVICE/PROVIDER LOCATIONS | | | T | 5 | | |
| PUBLIC MEETINGS/HEALTH FAIRS | | | T | 3 | | |
| PUBLIC HOUSING | | | T | 2 | | |
| REFUGEE RESETTLEMENT PROGRAMS | | | T | 2 | | |
| SCHOOLS/ADULT EDUCATION SITES | | | T | 5 | | |
| SENIOR CENTERS | | | | | | |
| SOCIAL SERVICE AGENCY | | | T | 1 | | |
| WORKPLACE | | | | | | |
| OTHER (SPECIFY) _____ _____ | | | | | | |

| <i>TABLE 3.4.2</i> | | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| OTHER (SPECIFY) _____ _____ | | | | | | |

3.4.3 DESCRIBE METHODS AND INDICATORS USED TO ASSESS OUTREACH EFFECTIVENESS, SUCH AS THE NUMBER OF CHILDREN ENROLLED RELATIVE TO THE PARTICULAR TARGET POPULATION. PLEASE BE AS SPECIFIC AND DETAILED AS POSSIBLE. ATTACH REPORTS OR OTHER DOCUMENTATION WHERE AVAILABLE.

THIS IS VERY HARD TO QUANTIFY. THE ONLY EVALUATIVE MEASURE WOULD BE THE LIST OF HOW CALLERS FOUND THE CHIP HOTLINE NUMBER. THE PRELIMINARY RESULTS OF THIS DATA SHOW THAT, ON AVERAGE, 24 PERCENT OF OUR HOTLINE CALLS CAME FROM TV ADS (EVEN WHEN OUR ADS WERE VERY INFREQUENT, TV WAS ALWAYS THE NUMBER ONE WAY CALLERS FOUND THE HOTLINE NUMBER), A LITTLE OVER 10 PERCENT OF THE CALLS WERE REFERRED FROM SCHOOLS, ANOTHER 10 PERCENT WERE REFERRED FROM HEALTH CARE PROVIDERS, OVER 7.5 PERCENT WERE REFERRED BY A FRIEND OR RELATIVE, 6.4 PERCENT WERE REFERRED BY A WIC OFFICE, AND THE SAME PERCENTAGE GOT THE HOTLINE NUMBER FROM A FLYER, BROCHURE, OR OTHER PRINTED MATERIAL WE HAVE CIRCULATING IN THE COMMUNITY.

PURCHASED ADVERTISING THAT WE HAVE FOUND TO BE QUITE UNSUCCESSFUL INCLUDE BILLBOARDS ON BUSES AND NEAR FREEWAYS AND RADIO SPOTS. THESE, HOWEVER, ARE SECONDARY OR SUPPLEMENTARY TYPES OF ADVERTISING THAT MY REINFORCE A PRIMARY MESSAGE HEARD ON TV OR FROM A TRUSTED INDIVIDUAL.

THE REPORT I USED TO GENERATE THE ABOVE DATA IS FROM CALLS RECEIVED OCTOBER 1, 1999 THROUGH MARCH 13, 2000. I WILL ALSO INCLUDE THE COMPLETE DATA SET AT THE END OF THIS REPORT.

3.4.4 WHAT COMMUNICATION APPROACHES ARE BEING USED TO REACH FAMILIES OF VARYING ETHNIC BACKGROUNDS?

BESIDES THE GENERAL, STATEWIDE OUTREACH EFFORTS IN UTAH, CHIP HAS WORKED WITH THE UTAH OFFICE OF ETHNIC HEALTH TO COMMUNICATE WAYS TO OUTREACH TO VARIOUS ETHNIC POPULATIONS. BEING THE LEADERS IN THEIR RESPECTIVE COMMUNITIES, THEY HAVE TAKEN THE MESSAGE OF HOW TO ENROLL IN CHIP AND CHIP'S INHERENT BENEFITS TO CHILDREN BACK TO THEIR COMMUNITIES. CHIP HAS WORKED SPECIFICALLY WITH HISPANIC AND NATIVE AMERICAN GROUPS TO FOSTER WORKING RELATIONSHIPS AND INCREASE ENROLLMENT.

ONE APPROACH UTAH’S CHIP IS USING IS TO HAVE THE CHIP ADMINISTRATOR MAKE PRESENTATIONS (IN SPANISH) TO SPANISH-SPEAKING CATHOLIC CONGREGATIONS. SPANISH-SPEAKING ELIGIBILITY STAFF ARE PRESENT TO ASSIST WITH COMPLETING THE APPLICATION AND ANSWERING QUESTIONS.

UTAH HAS A RELATIVELY LARGE POLYNESIAN POPULATION. THE POLYNESIAN AFFAIRS DIRECTOR HAS TRANSLATED CHIP MATERIALS INTO TONGAN AND SAMOAN AND MAKES CONTACT WITH FAMILIES THAT MIGHT BE ELIGIBLE.

3.4.5 HAVE ANY OF THE OUTREACH ACTIVITIES BEEN MORE SUCCESSFUL IN REACHING CERTAIN POPULATIONS? WHICH METHODS BEST REACHED WHICH POPULATIONS? HOW HAVE YOU MEASURED THEIR EFFECTIVENESS? PLEASE PRESENT QUANTITATIVE FINDINGS WHERE AVAILABLE.

ONE SIGNIFICANT HURDLE TO OVERCOME IS THE ISSUE OF “PUBLIC CHARGE.” IT WOULD BE HELPFUL TO HAVE COMMUNITY-BASED ORGANIZATIONS UNDERSCORE THE NEW POLICY ON PUBLIC CHARGE. IF THIS ISSUE IS NOT ADDRESSED, MANY FAMILIES WITH CONCERNS ABOUT IMMIGRATION WILL NOT TAKE THE CHANCE TO APPLY FOR A GOVERNMENT PROGRAM.

HAVING EXISTING, TRUSTED ENTITIES AND PERSONS COMMUNICATE THE BENEFITS OF CHIP TO ETHNIC POPULATIONS WILL ALWAYS OPEN DOORS THAT MAY NOT OPEN OTHERWISE. THE CHIP PRESENTATION AND OUTREACH MUST WORK WITH THE LANGUAGE AND CULTURE OF THE POPULATION, NOT AGAINST IT.

3.5 WHAT OTHER HEALTH PROGRAMS ARE AVAILABLE TO CHIP ELIGIBLES AND HOW DO YOU COORDINATE WITH THEM? (SECTION 2108(B)(1)(D))

DESCRIBE PROCEDURES TO COORDINATE AMONG CHIP PROGRAMS, OTHER HEALTH CARE PROGRAMS, AND NON-HEALTH CARE PROGRAMS. TABLE 3.5 IDENTIFIES POSSIBLE AREAS OF COORDINATION BETWEEN CHIP AND OTHER PROGRAMS (SUCH AS MEDICAID, MCH, WIC, SCHOOL LUNCH). CHECK ALL AREAS IN WHICH COORDINATION TAKES PLACE AND SPECIFY THE NATURE OF COORDINATION IN NARRATIVE TEXT, EITHER ON THE TABLE OR IN AN ATTACHMENT.

| <i>TABLE 3.5</i> | | | | |
|---------------------------|--|---------------------------|----------------------|-----------------|
| TYPE OF COORDINATION | MEDICAID* | MATERNAL AND CHILD HEALTH | OTHER (SPECIFY) MCOS | OTHER (SPECIFY) |
| ADMINISTRATION | | | | |
| OUTREACH | U - ELIGIBILITY STAFF DOES MEDICAID / CHIP OUTREACH IN THEIR COMMUNITIES | | | |
| ELIGIBILITY DETERMINATION | U - MEDICAID STAFF DETERMINE S CHIP ELIGIBILITY | | | |

| | | | | |
|---------------------------------|---|--|--|--|
| SERVICE DELIVERY | | | U - CHIP CONTRACTS WITH 4 MCOs TO DELIVER SERVICE | |
| PROCUREMENT | | | | |
| CONTRACTING | U - MEDICAID STAFF ASSISTS WITH CONTRACT UPDATES AND NEGOTIATIONS | | | |
| DATA COLLECTION | U - MEDICAID STAFF AND MEDICAID DATA SYSTEMS SUPPORT CHIP DATA NEEDS | | | |
| QUALITY ASSURANCE | | | | |
| OTHER (SPECIFY) _____ | | | | |

| | | | | |
|------------------------------|--|--|--|--|
| OTHER (SPECIFY) _____ | | | | |
|------------------------------|--|--|--|--|

***NOTE: THIS COLUMN IS NOT APPLICABLE FOR STATES WITH A MEDICAID CHIP EXPANSION PROGRAM ONLY.**

3.6 HOW DO YOU AVOID CROWD-OUT OF PRIVATE INSURANCE?

3.6.1 DESCRIBE ANTI-CROWD-OUT POLICIES IMPLEMENTED BY YOUR CHIP PROGRAM. IF THERE ARE DIFFERENCES ACROSS PROGRAMS, PLEASE DESCRIBE FOR EACH PROGRAM SEPARATELY. CHECK ALL THAT APPLY AND DESCRIBE.

ELIGIBILITY DETERMINATION PROCESS:

 U WAITING PERIOD WITHOUT HEALTH INSURANCE (SPECIFY) 3-MONTH UNINSURED PERIOD

_____ INFORMATION ON CURRENT OR PREVIOUS HEALTH INSURANCE GATHERED ON APPLICATION (SPECIFY) _____

 U INFORMATION VERIFIED WITH EMPLOYER (SPECIFY) ELIGIBILITY STAFF VERIFIES ON PHONE IF INSURANCE IS AVAILABLE AND/OR ACTIVE FOR APPLICANT

_____ RECORDS MATCH (SPECIFY) _____

_____ OTHER (SPECIFY) _____

_____ OTHER (SPECIFY) _____

U BENEFIT PACKAGE DESIGN:

_____ U BENEFIT LIMITS (SPECIFY) SIMILAR TO PRIVATE COVERAGE PLANS

_____ U COST-SHARING (SPECIFY) SIMILAR TO PRIVATE COVERAGE PLANS

_____ OTHER (SPECIFY) _____

_____ OTHER (SPECIFY) _____

____ **OTHER POLICIES INTENDED TO AVOID CROWD OUT (E.G., INSURANCE REFORM):**

____ **OTHER (SPECIFY)** _____

____ **OTHER (SPECIFY)** _____

**3.6.2 HOW DO YOU MONITOR CROWD-OUT? WHAT HAVE YOU FOUND?
PLEASE ATTACH ANY AVAILABLE REPORTS OR OTHER DOCUMENTATION.**

WE SURVEYED NEW APPLICANTS FROM DECEMBER 15, 1999 THROUGH JANUARY 31, 2000, TO ASK ABOUT PREVIOUS INSURANCE COVERAGE. THE SURVEY SHOWS THAT AN APPLICANT IS, ON AVERAGE, UNINSURED FOR 13 MONTHS BEFORE THEY MAKE APPLICATION WITH CHIP. THIS SUGGESTS THAT PARENTS ARE NOT DISENROLLING THEIR CHILDREN FROM PRIVATE INSURANCE, WAITING FOR THE 3-MONTH WAITING PERIOD TO EXPIRE, AND THEN ENROLLING THEM ON CHIP. THE FACT THAT OUR BENEFITS ARE SIMILAR TO PRIVATE INSURANCE PLANS ALSO DOES NOT CREATE AN INCENTIVE TO LEAVE PRIVATE SECTOR PLANS.

THIS SECTION IS DESIGNED TO ASSESS THE EFFECTIVENESS OF YOUR CHIP PROGRAM(S), INCLUDING ENROLLMENT, DISENROLLMENT, EXPENDITURES, ACCESS TO CARE, AND QUALITY OF CARE.

4.1 WHO ENROLLED IN YOUR CHIP PROGRAM?

4.1.1 WHAT ARE THE CHARACTERISTICS OF CHILDREN ENROLLED IN YOUR CHIP PROGRAM? (SECTION 2108(B)(1)(B)(i))

PLEASE COMPLETE TABLE 4.1.1 FOR EACH OF YOUR CHIP PROGRAMS, BASED ON DATA FROM YOUR HCFA QUARTERLY ENROLLMENT REPORTS. SUMMARIZE THE NUMBER OF CHILDREN ENROLLED AND THEIR CHARACTERISTICS. ALSO, DISCUSS AVERAGE LENGTH OF ENROLLMENT (NUMBER OF MONTHS) AND HOW THIS VARIES BY CHARACTERISTICS OF CHILDREN AND FAMILIES, AS WELL AS ACROSS PROGRAMS.

STATES ARE ALSO ENCOURAGED TO PROVIDE ADDITIONAL TABLES ON ENROLLMENT BY OTHER CHARACTERISTICS, INCLUDING GENDER, RACE, ETHNICITY, PARENTAL EMPLOYMENT STATUS, PARENTAL MARITAL STATUS, URBAN/RURAL LOCATION, AND IMMIGRANT STATUS. USE THE SAME FORMAT AS TABLE 4.1.1, IF POSSIBLE.

TABLE 4.1.1 CHIP PROGRAM TYPE S-CHIP

| CHARACTERIS TICS | NUMBER OF CHILDREN EVER ENROLLED | | AVERAGE NUMBER OF MONTHS OF ENROLLMENT | | YEAR END ENROLLEES AS PERCENTAGE OF UNDUPLICATED ENROLLEES PER YEAR | |
|--|--|---------------|---|-------------|--|--------------|
| | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 |
| ALL CHILDREN | 2,752 | 14,898 | 1.5 | 6.6 | 94.1% | 74.9% |
| | | | | | | |
| AGE | | | | | | |
| UNDER 1 | 42 | 245 | 1.7 | 6.6 | 100.0% | 84.1% |
| 1-5 | 598 | 3,974 | 1.5 | 6.1 | 97.5% | 72.7% |
| 6-12 | 1,317 | 7,020 | 1.6 | 6.7 | 97.5% | 75.2% |
| 13-18 | 795 | 3,659 | 1.4 | 6.8 | 86.2% | 75.9% |
| COUNTABLE INCOME LEVEL* | | | | | | |
| AT OR BELOW 150% FPL | 1,727 | 9,217 | 1.6 | 6.6 | 97.3% | 74.8% |
| ABOVE 150% FPL | 1,025 | 5,681 | 1.4 | 6.5 | 88.8% | 75.0% |
| | | | | | | |
| AGE AND INCOME | | | | | | |

TABLE 4.1.1 CHIP PROGRAM TYPE S-CHIP

| CHARACTERIS TICS | NUMBER OF CHILDREN EVER ENROLLED | | AVERAGE NUMBER OF MONTHS OF ENROLLMENT | | YEAR END ENROLLEES AS PERCENTAGE OF UNDUPLICATED ENROLLEES PER YEAR | |
|---|--|--------------|---|-------------|--|--------------|
| | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 |
| UNDER 1 | | | | | | |
| AT OR BELOW 150% FPL | 12 | 68 | 1.8 | 7.0 | 91.7% | 83.8% |
| ABOVE 150% FPL | 30 | 177 | 1.6 | 6.5 | 90.0% | 84.2% |
| | | | | | | |
| 1-5 | | | | | | |
| AT OR BELOW 150% FPL | 212 | 1,529 | 1.6 | 5.8 | 96.7% | 71.9% |
| ABOVE 150% FPL | 386 | 2,445 | 1.5 | 6.3 | 97.9% | 73.2% |
| 6-12 | | | | | | |

TABLE 4.1.1 CHIP PROGRAM TYPE *S-CHIP*

| CHARACTERIS TICS | NUMBER OF CHILDREN EVER ENROLLED | | AVERAGE NUMBER OF MONTHS OF ENROLLMENT | | YEAR END ENROLLEES AS PERCENTAGE OF UNDUPLICATED ENROLLEES PER YEAR | |
|-------------------------------|--|-------------|---|-------------|--|-------------|
| | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 |
| AT OR BELOW 150% FPL | 967 | 4,968 | 1.6 | 6.8 | 97.1% | 75.1% |
| ABOVE 150% FPL | 350 | 2,052 | 1.6 | 6.7 | 98.6% | 75.6% |
| | | | | | | |
| 13-18 | | | | | | |
| AT OR BELOW 150% FPL | 536 | 2,652 | 1.6 | 6.9 | 97.9% | 75.7% |
| ABOVE 150% FPL | 259 | 1,007 | 1.0 | 6.6 | 61.8% | 76.6 |
| | | | | | | |
| TYPE OF PLAN | | | | | | |
| FEE-FOR- SERVICE | NA | NA | NA | NA | NA | NA |

| TABLE 4.1.1 CHIP PROGRAM TYPE <i>S-CHIP</i> | | | | | | |
|--|---|---------------------|---|---------------------|--|---------------------|
| CHARACTERIS TICS | NUMBER OF CHILDREN EVER ENROLLED | | AVERAGE NUMBER OF MONTHS OF ENROLLMENT | | YEAR END ENROLLEES AS PERCENTAGE OF UNDUPLICATED ENROLLEES PER YEAR | |
| | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 |
| MANAGED CARE | 2,752 | 14,898 | 1.5 | 6.6 | 94.1% | 74.9% |
| PCCM | NA | NA | NA | NA | NA | NA |

****UTAH BEGAN REPORTING ENROLLMENT DATA FOR ITS CHIP PROGRAM IN QUARTER FOUR, FFY 1998; THEREFORE, DATA FOR FFY 1998 ARE ONLY PARTIAL YEAR.**

***COUNTABLE INCOME LEVEL IS AS DEFINED BY THE STATES FOR THOSE THAT IMPOSE PREMIUMS AT DEFINED LEVELS OTHER THAN 150% FPL. SEE THE HCFA QUARTERLY REPORT INSTRUCTIONS FOR FURTHER DETAILS.**

SOURCE: HCFA QUARTERLY ENROLLMENT REPORTS, FORMS HCFA-21E, HCFA-64.21E, HCFA-64EC, HCFA STATISTICAL INFORMATION MANAGEMENT SYSTEM, OCTOBER 1998

4.1.2 HOW MANY CHIP ENROLLEES HAD ACCESS TO OR COVERAGE BY HEALTH INSURANCE PRIOR TO ENROLLMENT IN CHIP? PLEASE INDICATE THE SOURCE OF THESE DATA (E.G., APPLICATION FORM, SURVEY). (SECTION 2108(B)(1)(B)(I))

BASED ON THE 1999 CHIP CAHPS SURVEY, QUESTION 44., 1 69.2% OF THE 1244 RESPONDENTS DID NOT HAVE HEALTH INSURANCE PRIOR TO ENROLLING ON UTAH CHIP. A SURVEY OF CHIP APPLICANTS ADMINISTERED FOR A MONTH DURING DECEMBER 1999 AND JANUARY 2000, APPROXIMATELY 30% OF THE CHIP APPLICANTS WERE PREVIOUSLY ENROLLED ON MEDICAID (UTAH AND OTHER STATES) AND THE 25% WHO

DID HAVE ACCESS TO EMPLOYER SPONSORED HEALTH INSURANCE WERE NOT ABLE TO AFFORD THE PREMIUM COST. OF THE 223 RESPONDENTS TO THE SURVEY, THERE WERE NO APPLICANTS CURRENTLY INSURED BY PRIVATE HEALTH INSURANCE.

4.1.3 WHAT IS THE EFFECTIVENESS OF OTHER PUBLIC AND PRIVATE PROGRAMS IN THE STATE IN INCREASING THE AVAILABILITY OF AFFORDABLE QUALITY INDIVIDUAL AND FAMILY HEALTH INSURANCE FOR CHILDREN? (SECTION 2108(B)(1)(C))

THE STATE HIGH RISK POOL PROVIDES HEALTH INSURANCE TO THE UNINSURABLE. THE HIGH RISK POOL'S PREMIUMS ARE AGE-RATED AND ARE ABOUT 50 PERCENT ABOVE WHAT IS FOUND IN THE PRIVATE INSURANCE MARKET. THE STATE DOES NOT HAVE AN ACTIVE CARING PROGRAM.

4.2 WHO DISENROLLED FROM YOUR CHIP PROGRAM AND WHY?

4.2.1 HOW MANY CHILDREN DISENROLLED FROM YOUR CHIP PROGRAM(S)? PLEASE DISCUSS DISENROLLMENT RATES PRESENTED IN TABLE 4.1.1. WAS DISENROLLMENT HIGHER OR LOWER THAN EXPECTED? HOW DO CHIP DISENROLLMENT RATES COMPARE TO TRADITIONAL MEDICAID DISENROLLMENT RATES?

SINCE THE 4TH QUARTER OF FFY 1998 UNTIL THE 4TH QUARTER OF FFY 1999, UTAH'S DISENROLLMENT RATE HAS AVERAGED 11.3 PERCENT. (I DO NOT HAVE DISENROLLMENT RATES FOR MEDICAID) IN ORDER TO DETERMINE THE REASONS FOR THE CLOSURES, UTAH HAS PRODUCED TWO REPORTS. THE FIRST IS A 5-MONTH REPORT (FROM OCTOBER 1999 THROUGH FEBRUARY 2000) DELINEATING THE CLOSURE CODES ENTERED BY ELIGIBILITY STAFF AT THE TIME OF DISENROLLMENT. THIS REPORT SHOWS THE CHIP ENROLLEES' COVERAGE WAS DISCONTINUED FOR THE FOLLOWING REASONS:

36% - REVIEW NOT COMPLETED
19% - APPROVED FOR ANOTHER PROGRAM
10% - INCOME EXCEEDED LIMIT
10% - HAD ACCESS TO OTHER INSURANCE
8% - HAD PURCHASED OTHER INSURANCE
8% - MOVED OUT OF STATE

8% - MISC.

IN ORDER TO GET A BETTER SENSE OF WHY SO MANY ENROLLEES DID NOT COMPLETE THEIR RECERTIFICATION, AN ELIGIBILITY WORKER DID A TELEPHONE INTERVIEW WITH EVERY **CHIP CASE (113) THAT CLOSED BECAUSE A REVIEW WAS NOT COMPLETED IN OCTOBER 1999. OF THE 113 **CHIP** CASES THAT CLOSED IN OCTOBER:**

38% - FOUND INSURANCE THROUGH A PRIVATE EMPLOYER PLAN,

26% - DID NOT REMEMBER TO COMPLETE THE RECERTIFICATION OR DID NOT HAVE TIME TO RECERTIFY (BUT THEY SAID THEY WOULD IN THE NEAR FUTURE) OR THOUGHT THEY WERE OVER THE INCOME LIMIT,

21% - WERE UNABLE TO REACH BY TELEPHONE (DUE TO A DISCONNECTED NUMBER IN MOST CASES),

8% - WERE OPENED FOR **MEDICAID,**

4% - MOVED OUT OF STATE, AND

3% - REOPENED FOR **CHIP.**

4.2.2 HOW MANY CHILDREN DID NOT RE-ENROLL AT RENEWAL? HOW MANY OF THE CHILDREN WHO DID NOT RE-ENROLL GOT OTHER COVERAGE WHEN THEY LEFT **CHIP?**

SEE RESPONSE TO THE PREVIOUS QUESTION.

4.2.3 WHAT WERE THE REASONS FOR DISCONTINUATION OF COVERAGE UNDER CHIP? (PLEASE SPECIFY DATA SOURCE, METHODOLOGIES, AND REPORTING PERIOD.)

TABLE 4.2.3

| REASON FOR DISCONTINUATION OF COVERAGE | MEDICAID CHIP EXPANSION PROGRAM | | STATE-DESIGNED CHIP PROGRAM | | OTHER CHIP PROGRAM* | |
|--|---------------------------------|------------------|-----------------------------|------------------|-------------------------|------------------|
| | NUMBER OF DISENROLL EES | PERCENT OF TOTAL | NUMBER OF DISENROLL EES | PERCENT OF TOTAL | NUMBER OF DISENROLL EES | PERCENT OF TOTAL |
| TOTAL | | | | | | |
| ACCESS TO OR HAD COMMERCIAL INSURANCE | | | | 18 | | |
| ELIGIBLE FOR MEDICAID | | | | 19 | | |
| INCOME TOO HIGH | | | | 10 | | |
| AGED OUT OF PROGRAM | | | | | | |
| MOVED/DIED | | | | 8 | | |
| NONPAYMENT OF PREMIUM | | | | | | |
| INCOMPLETE DOCUMENTATION | | | | | | |

| | | | | | | |
|---|--|--|--|-----------|--|--|
| DID NOT REPLY/UNABLE TO CONTACT OR DID NOT COMPLETE REVIEW | | | | 36 | | |
| OTHER (SPECIFY) _____ | | | | | | |
| OTHER (SPECIFY) _____ | | | | | | |
| DON'T KNOW | | | | | | |

**4.2.4 WHAT STEPS IS YOUR STATE TAKING TO ENSURE THAT CHILDREN WHO
DISENROLL, BUT ARE STILL ELIGIBLE, RE-ENROLL?**

UTAH CHIP ELIGIBILITY STAFF CALLS ENROLLEES AT RECERTIFICATION AT LEAST TWICE TO MAKE CONTACT AND ASSURE CONTINUOUS ELIGIBILITY WHERE APPROPRIATE. THEY ARE GIVEN **20** DAYS PAST THE DATE THEIR COVERAGE TERMINATES TO REENROLL IN THE PROGRAM. AFTER THAT DATE, THEY MUST COMPLETE A NEW APPLICATION TO ENROLL IN **CHIP**.

4.3 HOW MUCH DID YOU SPEND ON YOUR CHIP PROGRAM?

**4.3.1 WHAT WERE THE TOTAL EXPENDITURES FOR YOUR CHIP PROGRAM IN
FEDERAL FISCAL YEAR (FFY) 1998 AND 1999?**

FFY 1998 \$200,000 PROGRAM SERVICES, \$8,296 ADMINISTRATION

**FFY 1999 \$8,856,086 PROGRAM SERVICES, \$680,213
ADMINISTRATION**

PLEASE COMPLETE TABLE 4.3.1 FOR EACH OF YOUR CHIP PROGRAMS

AND SUMMARIZE EXPENDITURES BY CATEGORY (TOTAL COMPUTABLE EXPENDITURES AND FEDERAL SHARE). WHAT PROPORTION WAS SPENT ON PURCHASING PRIVATE HEALTH INSURANCE PREMIUMS VERSUS PURCHASING DIRECT SERVICES?

| <i>TABLE 4.3.1 CHIP PROGRAM TYPE <u>S-CHIP</u></i> | | | | |
|--|------------------------|-------------|---------------------|----------|
| TYPE OF EXPENDITURE | TOTAL COMPUTABLE SHARE | | TOTAL FEDERAL SHARE | |
| | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 |
| TOTAL EXPENDITURES | \$200,000 | \$8,856,086 | | |
| | | | | |
| PREMIUMS FOR PRIVATE HEALTH INSURANCE (NET OF COST-SHARING OFFSETS)* | \$200,000 | \$8,856,086 | | |
| | | | | |
| FEE-FOR-SERVICE EXPENDITURES (SUBTOTAL) | \$0.00 | \$0.00 | | |
| INPATIENT HOSPITAL SERVICES | \$0.00 | \$0.00 | | |
| INPATIENT MENTAL HEALTH FACILITY SERVICES | \$0.00 | \$0.00 | | |

| TABLE 4.3.1 CHIP PROGRAM TYPE <u>S-CHIP</u> | | | | |
|--|-------------------------------|-----------------|----------------------------|-----------------|
| TYPE OF EXPENDITURE | TOTAL COMPUTABLE SHARE | | TOTAL FEDERAL SHARE | |
| | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 |
| NURSING CARE SERVICES | \$0.00 | \$0.00 | | |
| PHYSICIAN AND SURGICAL SERVICES | \$0.00 | \$0.00 | | |
| OUTPATIENT HOSPITAL SERVICES | \$0.00 | \$0.00 | | |
| OUTPATIENT MENTAL HEALTH FACILITY SERVICES | \$0.00 | \$0.00 | | |
| PRESCRIBED DRUGS | \$0.00 | \$0.00 | | |
| DENTAL SERVICES | \$0.00 | \$0.00 | | |
| VISION SERVICES | \$0.00 | \$0.00 | | |
| OTHER PRACTITIONERS' SERVICES | \$0.00 | \$0.00 | | |
| CLINIC SERVICES | \$0.00 | \$0.00 | | |
| THERAPY AND REHABILITATION SERVICES | \$0.00 | \$0.00 | | |

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| <i>TABLE 4.3.1 CHIP PROGRAM TYPE <u>S-CHIP</u></i> | | | | |
|--|------------------------|----------|---------------------|----------|
| TYPE OF EXPENDITURE | TOTAL COMPUTABLE SHARE | | TOTAL FEDERAL SHARE | |
| | FFY 1998 | FFY 1999 | FFY 1998 | FFY 1999 |
| LABORATORY AND RADIOLOGICAL SERVICES | \$0.00 | \$0.00 | | |
| DURABLE AND DISPOSABLE MEDICAL EQUIPMENT | \$0.00 | \$0.00 | | |
| FAMILY PLANNING | \$0.00 | \$0.00 | | |
| ABORTIONS | \$0.00 | \$0.00 | | |
| SCREENING SERVICES | \$0.00 | \$0.00 | | |
| HOME HEALTH | \$0.00 | \$0.00 | | |
| HOME AND COMMUNITY-BASED SERVICES | \$0.00 | \$0.00 | | |
| HOSPICE | \$0.00 | \$0.00 | | |
| MEDICAL TRANSPORTATION | \$0.00 | \$0.00 | | |
| CASE MANAGEMENT | \$0.00 | \$0.00 | | |
| OTHER SERVICES | | | | |

4.3.2 WHAT WERE THE TOTAL EXPENDITURES THAT APPLIED TO THE 10 PERCENT LIMIT? PLEASE COMPLETE TABLE 4.3.2 AND SUMMARIZE EXPENDITURES BY CATEGORY.

WHAT TYPES OF ACTIVITIES WERE FUNDED UNDER THE 10 PERCENT CAP?

ADMINISTRATION, OUTREACH (ADVERTISING, PRINTING, MATERIALS, ETC.) ELIGIBILITY, ENROLLMENT, DATA COLLECTION, DATA WHAREHOUSE, TRANSLATION SERVICES, TELEPHONE INTERPRETIVE SERVICES (HOTLINE), TOLL FREE HOTLINE COSTS, AND MANY OTHER EXPENSE.

WHAT ROLE DID THE 10 PERCENT CAP HAVE IN PROGRAM DESIGN?

THE 10% CAP LIMITED OUR ABILITY TO OUTREACH TO VARIOUS AND DISTINCT POPULATIONS IN UTAH. INNOVATIVE OUTREACH APPROACHES WERE REJECTED BECAUSE OF COST CONSTRAINTS AS THE CAP ALLOWED FOR ONLY THE MOST BASIC AND TESTED OUTREACH ACTIVITIES. STAFFING LIMITATIONS ALSO DO NOT ALLOW UTAH'S CHIP TO TAKE ADVANTAGE OF THE MANY OUTREACH OPPORTUNITIES THAT ARE AVAILABLE.

| <i>TABLE 4.3.2</i> | | | | | | |
|------------------------|---------------------------------|---------|-----------------------------|-----------|---------------------|---------|
| TYPE OF EXPENDITURE | MEDICAID CHIP EXPANSION PROGRAM | | STATE-DESIGNED CHIP PROGRAM | | OTHER CHIP PROGRAM* | |
| | FY 1998 | FY 1999 | FY 1998 | FY 1999 | FY 1998 | FY 1999 |
| TOTAL COMPUTABLE SHARE | | | \$8,296 | \$680,213 | | |
| OUTREACH | | | \$0.00 | \$301,492 | | |

| | | | | | | |
|----------------|--|--|---------|-----------|--|--|
| ADMINISTRATION | | | \$8,296 | \$378,721 | | |
| OTHER | | | \$0.00 | \$0.00 | | |
| FEDERAL SHARE | | | \$6,704 | \$545,871 | | |
| OUTREACH | | | \$0.00 | \$241,947 | | |
| ADMINISTRATION | | | \$6,704 | \$303,923 | | |
| OTHER _____ | | | | | | |

4.3.3 WHAT WERE THE NON-FEDERAL SOURCES OF FUNDS SPENT ON YOUR CHIP PROGRAM (SECTION 2108(B)(1)(B)(VII))

- ☒ **STATE APPROPRIATIONS**
☐ **COUNTY/LOCAL FUNDS**
☐ **EMPLOYER CONTRIBUTIONS**
☐ **FOUNDATION GRANTS**
☐ **PRIVATE DONATIONS (SUCH AS UNITED WAY, SPONSORSHIP)**
☐ **OTHER (SPECIFY) _____**

4.4 HOW ARE YOU ASSURING CHIP ENROLLEES HAVE ACCESS TO CARE?

UTAH CHIP CONTRACTS WITH FOUR MCOs IN THE URBAN AREAS TO ASSURE A GENEROUS CHOICE OF PROVIDER NETWORKS. IN THE RURAL AREAS OF OUR STATE, WE

ENROLL APPLICANTS IN A VERY BROAD **PREFERRED PROVIDER ORGANIZATION (PPO)** NETWORK AND ALLOW THEM TO SEE A LOCAL PROVIDER NOT ON THE **PPO** PANEL IF THERE IS NOT A PANELED PROVIDER WITHIN **30** MILES OF THEIR RESIDENCE.

4.4.1 WHAT PROCESSES ARE BEING USED TO MONITOR AND EVALUATE ACCESS TO CARE RECEIVED BY **CHIP ENROLLEES? PLEASE SPECIFY EACH DELIVERY SYSTEM USED (FROM QUESTION 3.2.3) IF APPROACHES VARY BY THE DELIVERY SYSTEM WITHING EACH PROGRAM. FOR EXAMPLE, IF AN APPROACH IS USED IN MANAGED CARE, SPECIFY ‘MCO.’ IF AN APPROACH IS USED IN FEE-FOR-SERVICE, SPECIFY ‘FFS.’ IF AN APPROACH IS USED IN A **PRIMARY CARE CASE MANAGEMENT** PROGRAM, SPECIFY ‘PCCM.’**

| <i>TABLE 4.4.1</i> | | | |
|--|--|------------------------------------|----------------------------|
| APPROACHES TO MONITORING ACCESS | MEDICAID CHIP EXPANSION PROGRAM | STATE-DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM* |
| APPOINTMENT AUDITS | | MCO | |
| PCP/ENROLLEE RATIOS | | N/A | |
| TIME/DISTANCE STANDARDS | | MCO | |
| URGENT/ROUTINE CARE ACCESS STANDARDS | | MCO | |
| NETWORK CAPACITY REVIEWS (RURAL PROVIDERS, SAFETY NET PROVIDERS, SPECIALTY MIX) | | MCO | |
| COMPLAINT/GRIEVANCE/ DISENROLLMENT REVIEWS | | MCO | |
| CASE FILE REVIEWS | | N/A | |

| <i>TABLE 4.4.1</i> | | | |
|---|--|---|---|
| APPROACHES TO MONITORING ACCESS | MEDICAID CHIP EXPANSION PROGRAM | STATE- DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM* _____ |
| BENEFICIARY SURVEYS | | MCO | |
| UTILIZATION ANALYSIS (EMERGENCY ROOM USE, PREVENTIVE CARE USE) | | MCO | |
| OTHER (SPECIFY) _____ - | | | |
| OTHER (SPECIFY) _____ - | | | |
| OTHER (SPECIFY) _____ - | | | |

4.4.2 WHAT KIND OF MANAGED CARE UTILIZATION DATA ARE YOU COLLECTING FOR EACH OF YOUR CHIP PROGRAMS? IF YOUR STATE HAS NO CONTRACTS WITH HEALTH PLANS, SKIP TO SECTION 4.4.3.

| <i>TABLE 4.4.2</i> | | | |
|--|---------------------------------|-----------------------------|---------------------|
| TYPE OF UTILIZATION DATA | MEDICAID CHIP EXPANSION PROGRAM | STATE-DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM* |
| REQUIRING SUBMISSION OF RAW ENCOUNTER DATA BY HEALTH PLANS | ___ YES ___ No | ___ YES XX No | ___ YES ___ No |
| REQUIRING SUBMISSION OF AGGREGATE HEDIS DATA BY HEALTH PLANS | ___ YES ___ No | XX YES ___ No | ___ YES ___ No |
| OTHER (SPECIFY) _____ | ___ YES ___ No | ___ YES ___ No | ___ YES ___ No |

4.4.3 WHAT INFORMATION (IF ANY) IS CURRENTLY AVAILABLE ON ACCESS TO CARE BY CHIP ENROLLEES IN YOUR STATE? PLEASE SUMMARIZE THE RESULTS.

UTILIZATION AND ENCOUNTER DATA FROM THE FOUR MANAGED CARE ORGANIZATIONS THAT ARE CURRENTLY CONTRACTED TO PROVIDE MEDICAL AND DENTAL SERVICES FOR UTAH CHIP, AND THE 1999 UTAH CHIP ENROLLEE CAHPS SURVEY.

4.4.4 WHAT PLANS DOES YOUR CHIP PROGRAM HAVE FOR FUTURE MONITORING/EVALUATION OF ACCESS TO CARE BY CHIP ENROLLEES? WHEN WILL DATA BE AVAILABLE?

UTAH CHIP HEDIS DATA WILL BE COLLECTED IN SEPTEMBER EACH YEAR FOR THE PREVIOUS CALENDAR YEAR, BEGINNING WITH CALENDAR YEAR 1999; ENCOUNTER DATA WILL CONTINUE TO BE COLLECTED ON A QUARTERLY BASIS; AND THE UTAH CHIP

ENROLLEE CAHPS SURVEY WILL CONTINUE TO BE ADMINISTERED AT LEAST ONE TIME PER CALENDAR YEAR.

4.5 HOW ARE YOU MEASURING THE QUALITY OF CARE RECEIVED BY CHIP ENROLLEES?

IN THE ATTACHED **CHIP CUSTOMER SATISFACTION SURVEY**, **94.35%** OF THE **CHIP ENROLLEES** SURVEYED RESPONDED THAT THEY “ALWAYS” OR “USUALLY” RECEIVED THE CARE THEIR CHILD NEEDED. (RESULTS ARE A COMPOSITE OF QUESTIONS 14, 16, 18, AND 23 IN SURVEY)

4.5.1 WHAT PROCESSES ARE YOU USING TO MONITOR AND EVALUATE QUALITY OF CARE RECEIVED BY CHIP ENROLLEES, PARTICULARLY WITH RESPECT TO WELL-BABY CARE, WELL-CHILD CARE, AND IMMUNIZATIONS? PLEASE SPECIFY THE APPROACHES USED TO MONITOR QUALITY WITHIN EACH DELIVERY SYSTEM (FROM QUESTION 3.2.3). FOR EXAMPLE, IF AN APPROACH IS USED IN MANAGED CARE, SPECIFY ‘MCO.’ IF AN APPROACH IS USED IN FEE-FOR-SERVICE, SPECIFY ‘FFS.’ IF AN APPROACH IS USED IN PRIMARY CARE CASE MANAGEMENT, SPECIFY ‘PCCM.’

| <i>TABLE 4.5.1</i> | | | |
|---|---------------------------------|-----------------------------|--------------------|
| APPROACHES TO MONITORING QUALITY | MEDICAID CHIP EXPANSION PROGRAM | STATE-DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM |
| FOCUSED STUDIES (SPECIFY) | | MCO | |
| CLIENT SATISFACTION SURVEYS | | MCO | |
| COMPLAINT/GRIEVANCE/ DISENROLLMENT REVIEWS | | MCO | |
| SENTINEL EVENT REVIEWS | | MCO | |

| <i>TABLE 4.5.1</i> | | | |
|--|--|------------------------------------|---------------------------|
| APPROACHES TO MONITORING QUALITY | MEDICAID CHIP EXPANSION PROGRAM | STATE-DESIGNED CHIP PROGRAM | OTHER CHIP PROGRAM |
| PLAN SITE VISITS | | MCO | |
| CASE FILE REVIEWS | | MCO | |
| INDEPENDENT PEER REVIEW | | N/A | |
| HEDIS PERFORMANCE MEASUREMENT | | MCO | |
| OTHER PERFORMANCE MEASUREMENT (SPECIFY) | | N/A | |
| OTHER (SPECIFY) ENCOUNTER DATA | | MCO | |
| OTHER (SPECIFY) | | | |
| OTHER (SPECIFY) | | | |

4.5.2 WHAT INFORMATION (IF ANY) IS CURRENTLY AVAILABLE ON QUALITY OF CARE RECEIVED BY CHIP ENROLLEES IN YOUR STATE? PLEASE SUMMARIZE THE RESULTS.

THERE IS NOT SUFFICIENT DATA TO PRODUCE ACCURATE DATA ON QUALITY OF CARE FOR PUBLIC DISTRIBUTION.

4.5.3 WHAT PLANS DOES YOUR CHIP PROGRAM HAVE FOR FUTURE MONITORING/EVALUATION OF QUALITY OF CARE RECEIVED BY CHIP

ENROLLEES? WHEN WILL DATA BE AVAILABLE?

THE DEPARTMENT'S HEALTH DATA AGENCY PRODUCES A REPORT CARD ON QUALITY DATA OF ALL CONTRACTED HMOs TO MEDICAID ENROLLEES. THE HMOs FOR CHIP AND MEDICAID ARE THE SAME (WITH THE EXCEPTION OF PEHP WHO CHIP USES) AND THAT DATA HAS BEEN CONSIDERED FOR DISTRIBUTION TO CHIP ENROLLEES.

4.6 PLEASE ATTACH ANY REPORTS OR OTHER DOCUMENTS ADDRESSING ACCESS, QUALITY, UTILIZATION, COSTS, SATISFACTION, OR OTHER ASPECTS OF YOUR CHIP PROGRAM'S PERFORMANCE. PLEASE LIST ATTACHMENTS HERE.

THIS SECTION IS DESIGNED TO IDENTIFY LESSONS LEARNED BY THE STATE DURING THE EARLY IMPLEMENTATION OF ITS CHIP PROGRAM AS WELL AS TO DISCUSS WAYS IN WHICH THE STATE PLANS TO IMPROVE ITS CHIP PROGRAM IN THE FUTURE. THE STATE EVALUATION SHOULD CONCLUDE WITH RECOMMENDATIONS OF HOW THE TITLE XXI PROGRAM COULD BE IMPROVED.

5.1 WHAT WORKED AND WHAT DIDN'T WORK WHEN DESIGNING AND IMPLEMENTING YOUR CHIP PROGRAM? WHAT LESSONS HAVE YOU LEARNED? WHAT ARE YOUR "BEST PRACTICES"? WHERE POSSIBLE, DESCRIBE WHAT EVALUATION EFFORTS HAVE BEEN COMPLETED, ARE UNDERWAY, OR PLANNED TO ANALYZE WHAT WORKED AND WHAT DIDN'T WORK. BE AS SPECIFIC AND DETAILED AS POSSIBLE. (ANSWER ALL THAT APPLY. ENTER 'NA' FOR NOT APPLICABLE.)

5.1.1 ELIGIBILITY DETERMINATION/REDETERMINATION AND ENROLLMENT

STREAMLINING THE ELIGIBILITY PROCESS BY USING THE MEDICAID ELIGIBILITY STAFF TO PROCESS BOTH MEDICAID AND CHIP APPLICATIONS SEEMS TO WORK WELL FOR UTAH. IF THE APPLICANT IS NOT ELIGIBLE FOR ONE PROGRAM, THE ELIGIBILITY WORKER WILL, IF ELIGIBLE, PROCESS THE APPLICATION FOR THE OTHER PROGRAM. UTAH IS FORTUNATE NOT TO HAVE A SIGNIFICANT STIGMA PROBLEM WITH DEPARTMENT OF HEALTH ELIGIBILITY STAFF. ONE REASON FOR THAT IS THEY ARE OFTEN OUT IN THE COMMUNITY WHERE THE PEOPLE ARE, NOT BEHIND A DESK IN AN INTIMIDATING GOVERNMENT OFFICE.

REDETERMINATION HAS BEEN A MORE DIFFICULT ISSUE. WHILE IT IS HARD TO CONTROL DECISIONS OF OTHERS TO COMPLETE A REDETERMINATION FORM, WE ARE CURRENTLY REDESIGNING OUR REDETERMINATION PROCEDURE SO AS TO MAKE IT AS EASY AS POSSIBLE FOR THE ENROLLEE, WHILE STILL GATHERING ADEQUATE INFORMATION TO ACCURATELY DETERMINE ELIGIBILITY. ONE FINDING THAT HAS BEEN SHARED IN THIS EVALUATION IS THAT MOST OF OUR CHIP ENROLLEES THAT DO NOT RECERTIFY FOR THE NEXT YEAR IS BECAUSE THEY FIND OTHER, USUALLY PRIVATE, INSURANCE. THIS SHOULD BE CONSIDERED AS A SUCCESS FOR CHIP AS FAMILIES USE CHIP AS A BRIDGE TO SELF-SUFFICIENCY.

THE RECERTIFICATION PROCEDURE THAT WILL SOON BE IMPLEMENTED IN UTAH WILL CONSIST OF A LETTER TO THE ENROLLEE WITH ALL THEIR ELIGIBILITY INFORMATION LISTED (I.E., HOUSEHOLD SIZE, INCOME, INSURANCE STATUS, ETC.) AND THE ENROLLEE WOULD CALL, MAIL, OR FAX THEIR **CHIP** ELIGIBILITY REPRESENTATIVE TO VERIFY THE ACCURACY OF THIS INFORMATION. IF THE CHILDREN'S FAMILY IS STILL WITHIN ELIGIBILITY GUIDELINES, THEY WOULD BE ELIGIBLE FOR ANOTHER 12 MONTHS OF **CHIP** BENEFITS.

ONE WEAKNESS THAT WE ARE ALSO ADDRESSING IN REDETERMINATION IS LANGUAGE. IN A FOCUS GROUP WE CONDUCTED WITH SPANISH-SPEAKING MOTHERS, IT WAS FOUND THAT MANY OF THEM DID NOT RETURN RECERTIFICATION FORMS BECAUSE THEY COULD NOT READ THE ENGLISH-PRINTED FORM. OUR NEW REDETERMINATION PROCEDURE WILL ADDRESS THIS ISSUE.

SUGGESTIONS

WE STILL RECEIVE CALLS FROM **CHIP** APPLICANTS THAT WERE TOLD THEY QUALIFY FOR MEDICAID, NOT **CHIP**. THESE CALLERS USUALLY SHARE THEIR FRUSTRATION WITH GOVERNMENT'S UNWILLINGNESS TO ALLOW THEM TO PAY A PORTION OF THEIR HEALTH CARE EXPENSES VIA **CHIP** COST SHARING. IT IS NOT KNOWN HOW MANY OF THESE CALLERS CHOOSE TO CONTINUE WITHOUT INSURANCE RATHER THAN ENROLL IN MEDICAID.

ALSO, MANY UTAH RESIDENTS WHO HAVE MEDICAL INSURANCE, BUT NO DENTAL, AND ARE OTHERWISE **CHIP** ELIGIBLE, WOULD LIKE TO TAKE ADVANTAGE OF **CHIP**'S DENTAL BENEFITS. UTAH UNDERSTANDS THAT THIS IS PROHIBITED. THESE CHILDREN WOULD GREATLY BENEFIT FROM THESE SERVICES.

5.1.2 OUTREACH

IT IS VERY CLEAR THAT TELEVISION ADVERTISING HAS A GREAT IMPACT ON VIEWERS. WHEN **CHIP** ADS ARE RUNNING ON TELEVISION, CALLS TO OUR HOTLINE PICK UP DRAMATICALLY. RADIO ADVERTISEMENTS, ON THE OTHER HAND, DO NOT HAVE THE SAME EFFECT. COMMUNITY-BASED ORGANIZATIONS HAVE BEEN VERY HELPFUL IN BRIDGING THE TRUST GAP WITH A NEW PROGRAM LIKE **CHIP**. AS THESE LONG-STANDING AND TRUSTED GROUPS HAVE BEEN SERVING MANY LOW-INCOME GROUPS FOR A LONG TIME, IT HAS BEEN IMPORTANT FOR THEM TO PROMOTE **CHIP** AS AN EFFECTIVE

WAY TO GET HEALTH CARE FOR THEIR CHILDREN. THE FAMILIES' CONFIDENCE IN CHIP IS GREATLY ENHANCED BY A REFERRAL FROM A WORKER IN ONE OF THESE ORGANIZATIONS.

THE ELIGIBILITY STAFF ALSO DO MANY OUTREACH EVENTS IN THE COMMUNITY. HEALTH FAIRS, BACK-TO-SCHOOL NIGHTS, AND OTHER ACTIVITIES HAVE BEEN ATTENDED BY ELIGIBILITY STAFF. THEIR PARTICIPATION IS VERY EVIDENT ESPECIALLY IN THE RURAL AREAS. THE STAFF IS SEEN AS A RESOURCE FROM A FRIEND OR TRUSTED INDIVIDUAL.

COMMUNITY OUTREACH MEETINGS WERE HELD BEFORE THE INCEPTION OF CHIP WITH "FRONT LINE WORKERS." THESE WORKERS INCLUDE DOCTORS, HOSPITAL STAFF, SCHOOL OFFICIALS, COMMUNITY ORGANIZATIONS, LOW-INCOME ADVOCATES FROM THROUGHOUT THE STATE. IT WAS IMPORTANT TO GET THESE INDIVIDUALS KNOWLEDGEABLE ABOUT HOW TO REFER PARENTS TO CHIP, KNOWLEDGEABLE ABOUT CHIP BENEFITS, AND WHO IS ELIGIBLE FOR CHIP. THESE "FRONT LINE WORKERS" HAVE DAILY INTERACTION WITH POTENTIALLY CHIP-ELIGIBLE CHILDREN AND PARENTS AND THEIR SUPPORT AND REFERRALS ARE VITAL TO THESE CHILDREN OBTAINING HEALTH CARE.

SUGGESTION

IT IS VERY DIFFICULT TO ENROLL MORE CHILDREN WITHOUT THE ABILITY TO OUTREACH MORE. HOWEVER, WE CANNOT OUTREACH MORE UNLESS WE ENROLL MORE CHILDREN. STATES ARE IN A CATCH-22. IF OUTREACH AND ADMINISTRATIVE DOLLARS COULD BE VIEWED SEPARATELY, THE PUBLIC POLICY AND PUBLIC EXPECTATION WOULD BE MORE REASONABLE.

5.1.3 BENEFIT STRUCTURE

UTAH'S BENEFITS WERE BENCHMARKED FROM THE UTAH PUBLIC EMPLOYEES HEALTH PROGRAM (PEHP). UTAH'S BENEFITS ARE INTENDED TO REFLECT BENEFITS COMMONLY OFFERED IN EMPLOYER-SPONSORED PROGRAMS. AS PUBLIC BENEFITS INCREASE BEYOND PRIVATE BENEFITS, THE RISK OF CROWD OUT INCREASES PROPORTIONATELY.

SUGGESTIONS

THERE ARE KNOWN SEGMENTS OF OUR POPULATION THAT HAVE NEED OF ADDITIONAL

BENEFITS. THE NATIVE AMERICAN POPULATION, FOR EXAMPLE, NEEDS ENHANCED MENTAL HEALTH AND DIABETES SCREENING SERVICES BECAUSE OF A QUANTIFIABLE HISTORY OF THESE ILLNESSES. UNFORTUNATELY, HCFA WOULD ONLY ALLOW UTAH TO INCREASE THESE BENEFITS TO THIS POPULATION UNLESS WE COULD PAY FOR THEM WITHIN THE 10 PERCENT ADMINISTRATIVE LIMIT. THAT, OF COURSE, IS NOT POSSIBLE AND, THEREFORE, THIS POPULATION CANNOT TAKE ADVANTAGE OF THESE NEEDED SERVICES.

ALSO, IF HCFA WOULD BE MORE FLEXIBLE WITH ALLOWED COPAYMENTS, STATES COULD MORE EASILY ADD TO THEIR LIST OF BENEFIT OFFERINGS WITHIN THEIR BUDGET CONSTRAINTS. ADDING DENTAL CROWNS TO UTAH'S BENEFITS, FOR EXAMPLE, WOULD BE MORE PROBABLE IF THE MINIMUM COPAYMENTS COULD BE INCREASED ABOVE EXISTING LEVELS. THIS WOULD ALSO HELP TO CONTROL IMPROPER UTILIZATION OF A VERY EXPENSIVE SERVICE. BECAUSE OF THIS INFLEXIBILITY, THESE CHILDREN'S FAMILIES PAY 100 PERCENT OF THE BILL FOR THIS SERVICE.

5.1.4 COST-SHARING (SUCH AS PREMIUMS, COPAYMENTS, COMPLIANCE WITH 5% CAP)

UTAH DOES NOT CHARGE PREMIUMS. COPAYMENTS ARE REQUIRED AS SERVICES ARE UTILIZED. COPAYMENT AMOUNTS VARY DEPENDING ON INCOME AND THE SPECIFIC SERVICE UTILIZED. COST SHARING IS LARGELY SEEN IN UTAH AS A POSITIVE WAY TO CONTRIBUTE TO THIS PROGRAM. THE LACK OF ENROLLEE PARTICIPATION IS THE MOST FREQUENTLY CITED REASON FOR MEDICAID-ELIGIBLES TO REQUEST CHIP, RATHER THAN MEDICAID.

SUGGESTION

THE 5 PERCENT OUT-OF-POCKET CAP IS ANTITHETICAL TO THE ADMINISTRATION OF AN INSURANCE PROGRAM. TO TRACK THESE EXPENSES IN ANY OTHER WAY THAN THE "SHOE BOX" APPROACH IS VIRTUALLY IMPOSSIBLE UNLESS GREAT RESOURCES (INCLUDING DOLLARS) ARE POURED INTO A NEW AND UNIQUE SYSTEM TO ACCOMPLISH THE TASK. IT IS EVEN MORE DIFFICULT TO ADMINISTER SUCH A PROGRAM WHEN THIS APPROACH IS EXTENDED BEYOND ORIGINAL INTENT (SEE HCFA'S ATTEMPT TO IMPOSE A 2.5% OUT-OF-POCKET CAP ON FAMILIES BELOW 150% FPL AS AN EXAMPLE). FORCING STATES TO EXPAND A WIDELY RECOGNIZED DIFFICULT SYSTEM (I.E., THE 5% CAP) WITHOUT DIRECT CONSULTATION IS HARD TO UNDERSTAND; BUT ALSO SUGGESTING

THAT THEY NOT USE THE ONLY WORKABLE SYSTEM (I.E., THE SHOE BOX APPROACH) TO TRACK THESE COPAYMENTS, DOES NOT ENGENDER THE FEDERAL-STATE GOODWILL UPON WHICH CHIP WAS FOUNDED. THE PRACTICAL WISDOM IN THIS PROPOSED POLICY BEGS FURTHER REVIEW AND DELIBERATION.

IN SUM, COST SHARING WORKS. IT HELPS ENROLLEES FEEL LIKE THEY ARE GETTING A HAND UP, NOT A HAND OUT. ALLOWING STATES THE FLEXIBILITY TO DESIGN A COST SHARING STRATEGY FOR THEIR RESIDENTS WILL CERTAINLY HELP TO DE-STIGMATIZE THIS TYPE OF HEALTH CARE ASSISTANCE. A VALUABLE LESSON IS HERE FOR ALL TO LEARN FROM.

5.1.5 DELIVERY SYSTEM

CONTRACTING WITH PRIVATE HEALTH PLANS, WHICH ISSUE PRIVATE-LOOKING ID CARDS TO CHIP ENROLLEES, ALSO HELPS TO GIVE ENROLLEES THE SENSE OF A MAINSTREAM PROGRAM. AS THE ENROLLEES PURCHASE AND RECEIVE CARE AS ANY OTHER PRIVATELY INSURED ENROLLEE, THEY FEEL MORE COMFORTABLE WITH THE DELIVERY SYSTEM. WE MUST REMEMBER THAT MANY CHIP ENROLLEES HAVE NEVER BEEN ELIGIBLE FOR ANY OTHER TYPE OF GOVERNMENT-FUNDED ASSISTANCE. TO DELIVER THE CARE IN THE SAME WAY AS A PRIVATELY INSURED NEIGHBOR IS VERY IMPORTANT TO MANY CHIP ENROLLEES.

5.1.6 COORDINATION WITH OTHER PROGRAMS (ESPECIALLY PRIVATE INSURANCE AND CROWD-OUT)

NA - UTAH DOES NOT HAVE AN EMPLOYER BUY-OUT PROGRAM. PREVIOUS COORDINATION QUESTIONS WILL EXPLAIN HOW WE COORDINATE WITH OTHER PROGRAMS AND HOW WE ADDRESS CROWD-OUT.

5.1.7 EVALUATION AND MONITORING (INCLUDING DATA REPORTING)

THE NASHP APPROACH TO DATA REPORTING (I.E., THIS FRAMEWORK), WITH THEIR STATE DELIBERATION AND INPUT, NATIONWIDE INSTRUCTIONAL CONFERENCES, AND CONTINUED ASSISTANCE THROUGH THIS ENTIRE PROCESS SHOULD BE COMMENDED. IT SHOULD ALSO SERVE AS AN EXAMPLE AS TO HOW ADDRESS NATIONWIDE DATA COLLECTION NEEDS. WE MIGHT ALSO LEARN A LESSON IN HOW THEY BROUGHT STATES

AND ACADEMICS TOGETHER TO ASSURE A USEFUL AND WORKABLE PRODUCT.

UTAH'S **CHIP** HAS USED EXISTING RESOURCES WITHIN THE DEPARTMENT OF HEALTH TO ASSIST WITH DATA COLLECTION, EVALUATION AND MONITORING. THE EFFICIENCY OF THIS APPROACH IS EVIDENT IN THE BOTTOM LINE SAVINGS. THERE ARE TIMES, HOWEVER, WHEN **CHIP** DOES NOT RANK HIGH ENOUGH ON THE PRIORITY LIST OF OTHER PROGRAMS TO RECEIVE TIMELY OR PRESSING DATA REPORTS. IN ALL, THE COOPERATION WITH THE OTHER DIVISIONS WITHIN THE DEPARTMENT HAS HELPED **CHIP** BECOME A VERY EFFICIENT AND EFFECTIVE PROGRAM.

5.1.8 OTHER (SPECIFY)

5.2 WHAT PLANS DOES YOUR STATE HAVE FOR “IMPROVING THE AVAILABILITY OF HEALTH INSURANCE AND HEALTH CARE FOR CHILDREN”? (SECTION 2108(B)(1)(F))

AS MENTIONED ABOVE, WITH INCREASED FLEXIBILITY, UTAH COULD INCREASE SPECIFIC BENEFITS WHERE THE NEED IS CERTAINLY CLEAR. THE MERE EXISTENCE OF **CHIP** INCREASES AND IMPROVES THE AVAILABILITY OF HEALTH INSURANCE. THE GOAL FOR UTAH IS NOW TO MAKE SURE THAT ALL ELIGIBLE FAMILIES HAVE THE OPPORTUNITY TO DECIDE WHETHER THEY WOULD LIKE TO ENROLL THEIR CHILD(REN) IN **CHIP**. EDUCATION WILL BE A FOCUS ON **CHIP** IN THE COMING MONTHS AND YEARS.

ALSO, GETTING THE CHILDREN ENROLLED IS ONLY THE FIRST STEP. THE NEXT STEP IS TO PROVIDE THE ENROLLED FAMILIES WITH INFORMATION AS TO HOW TO PROPERLY UTILIZE **CHIP** SERVICES AND OBTAIN THE PREVENTIVE, ACUTE, AND REGULAR CARE THEIR CHILDREN NEED.

SUGGESTION

AGAIN, I CANNOT EMPHASIZE ENOUGH HOW NECESSARY IT IS TO ALLOW STATES THE FLEXIBILITY TO WORK THROUGH THESE ISSUES. A ONE-SIZE-FITS-ALL APPROACH ONLY BREAKS DOWN THE LEVEL OF TRUST BETWEEN LEVELS OF GOVERNMENT AND THE CHILDREN SUFFER AS A RESULT.

5.3 WHAT RECOMMENDATIONS DOES YOUR STATE HAVE FOR IMPROVING THE TITLE

XXI PROGRAM? (SECTION 2108(B)(1)(G))

RETURN TO THE ORIGINAL INTENT OF THE TITLE XXI PROGRAM'S BLOCK GRANT TO STATES. ALLOW STATES THE FLEXIBILITY TO MAKE DECISIONS, NOT JUST ASK PERMISSION.

THE CONCERN ABOUT CROWD OUT IS LEGITIMATE GIVEN THE FEDERAL STATUTE'S CLEAR INDICATION THAT IT BE AVOIDED. HOWEVER, KNOWING WHAT WE KNOW NOW (THAT CROWD HAS NOT BEEN REPORTED TO BE A SIGNIFICANT ISSUE IN ANY STATE), IT IS HARD TO UNDERSTAND WHY HCFA WOULD ARBITRARILY REQUIRE A 6-MONTH WAITING PERIOD FOR EMPLOYER BUY-IN PROGRAMS. THIS IS ANOTHER EXAMPLE OF HOW STATE FLEXIBILITY WOULD HELP ALL CONCERNED.

DISCUSSION AND DELIBERATION SHOULD ALWAYS PRECEDE PRESCRIPTION. CHIP IS A NEW PROGRAM FOR THE STATES AS WELL AS FOR HCFA. THE STATE DESIGNED CHIP PROGRAMS HAVE A UNIQUE PLACE IN THIS PROGRAM. FOR HCFA TO MAKE PRESCRIPTIVE POLICY CHANGES THAT TAKE AWAY THE FLEXIBILITY FROM THE STATES WITHOUT A FORMAL DELIBERATIVE PROCESS, MAY BE ADMINISTRATIVE EFFICIENT, BUT IT IS ALSO COUNTERPRODUCTIVE. THE FEDERAL AND STATE GOVERNMENTS NEED TO WORK TOGETHER FOR THE SUCCESS OF THIS PROGRAM, AND ESPECIALLY FOR THE CHILDREN IT SERVES. CREATING LAW IN REGULATION AND PRESCRIBING POLICY WITHOUT STATUTORY AUTHORITY SERIOUSLY UNDERMINES THE PARTNERSHIP THAT SHOULD EXIST.

CHIP IS ABOUT HELPING THE ONE. IT MAY BE HARD TO SEE THAT ONE FROM A BUILDING THOUSANDS OF MILES AWAY. IT IS EASIER TO SEE THAT ONE WHEN YOU HEAR THE VOICE, SEE THE CHILD, OR GET AN EMAIL FROM HER. IRONICALLY, AN EMAIL WAS JUST SENT TO THE UTAH CHIP ADMINISTRATOR A FEW DAYS BEFORE THE SUBMISSION OF THIS REPORT. IT READS,

"HELLO, MY NAME IS TERRA AND I AM 14 YEARS OLD. I LIVE WITH MY GRANDPA BECAUSE

MY MOTHER HAS A DRINKING PROBLEM. SHE IS UNEMPLOYED, AND I HAVE NO INSURANCE.

I HAVE ANXIETY-INDUCED ASTHMA, AND I HAVE TO SEE THE DOCTOR EVERY MONTH, SO

**WE HAVE TO PAY IN FULL. I DON'T THINK IT IS FAIR THAT JUST BECAUSE MY MOM
CHOOSES NOT TO BE EMPLOYED, I PAY FOR IT. I NEED INSURANCE....I AM
ON
MEDICATION AND IT SOMETIMES COSTS 140 DOLLARS JUST FOR ANTIBIOTICS.
THIS IS
TOO EXPENSIVE, SO I END UP WITHOUT IT. I NEED HELP. PLEASE WRITE BACK.**

**SINCERELY,
TERRA”**

**IN ORDER TO HELP TERRA, AND OTHERS LIKE HER, A BIT OF FLEXIBILITY MAY BE NEEDED
TO GET HER THE HEALTH CARE SHE DESPERATELY NEEDS. AS UTAH’S CHIP MOTTO
SUGGESTS, “INSURING A HEALTHIER FUTURE” IS OUR COMMON GOAL. WE SHOULD
NEVER LOSE SIGHT OF IT.**

ADDENDUM TO TABLE 3.1.1

THE FOLLOWING QUESTIONS AND TABLES ARE DESIGNED TO ASSIST STATES IN REPORTING COUNTABLE INCOME LEVELS FOR THEIR MEDICAID AND SCHIP PROGRAMS AND INCLUDED IN THE NASHP SCHIP EVALUATION FRAMEWORK (TABLE 3.1.1). THIS TECHNICAL ASSISTANCE DOCUMENT IS INTENDED TO HELP STATES PRESENT THIS EXTREMELY COMPLEX INFORMATION IN A STRUCTURED FORMAT.

THE QUESTIONS BELOW ASK FOR COUNTABLE INCOME LEVELS FOR YOUR TITLE XXI PROGRAMS (MEDICAID SCHIP EXPANSION AND STATE-DESIGNED SCHIP PROGRAM), AS WELL AS FOR THE TITLE XIX CHILD POVERTY-RELATED GROUPS. PLEASE REPORT YOUR ELIGIBILITY CRITERIA AS OF SEPTEMBER 30, 1999. ALSO, IF THE RULES ARE THE SAME FOR EACH PROGRAM, WE ASK THAT YOU ENTER DUPLICATE INFORMATION IN EACH COLUMN TO FACILITATE ANALYSIS ACROSS STATES AND ACROSS PROGRAMS.

IF YOU HAVE NOT COMPLETED THE MEDICAID (TITLE XIX) PORTION FOR THE FOLLOWING INFORMATION AND HAVE PASSED IT ALONG TO MEDICAID, PLEASE CHECK HERE **X** AND INDICATE WHO YOU PASSED IT ALONG TO. NAME: GAYLENE HENDERSON , PHONE/EMAIL (801) 538-6135 (GHENDERS@DOH.STATE.UT.US)

3.1.1.1 FOR EACH PROGRAM, DO YOU USE A GROSS INCOME TEST OR A NET INCOME TEST OR BOTH?

TITLE XIX CHILD POVERTY-RELATED GROUPS ____GROSS X_NET X_BOTH (1931)

TITLE XXI MEDICAID SCHIP EXPANSION ____GROSS ____NET ____BOTH

TITLE XXI STATE-DESIGNED SCHIP PROGRAM ____GROSS X_NET ____BOTH

OTHER SCHIP PROGRAM_____ ____GROSS ____NET ____BOTH

3.1.1.2 WHAT WAS THE INCOME STANDARD OR THRESHOLD, AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL, FOR COUNTABLE INCOME FOR EACH GROUP? IF THE THRESHOLD VARIES BY THE CHILD’S AGE (OR DATE OF BIRTH), THEN REPORT EACH THRESHOLD FOR EACH AGE GROUP SEPARATELY.

| | |
|---|--|
| TITLE XIX CHILD POVERTY-RELATED GROUPS | 133 % OF FPL FOR CHILDREN UNDER AGE <u> 6 </u> |
| | 100 % OF FPL FOR CHILDREN AGED <u> 6 </u> THROUGH 18 |
| | _____ % OF FPL FOR CHILDREN AGED <u> N/A </u> |
| TITLE XXI MEDICAID SCHIP EXPANSION | _____ % OF FPL FOR CHILDREN AGED <u> N/A </u> |
| | _____ % OF FPL FOR CHILDREN AGED <u> N/A </u> |
| | _____ % OF FPL FOR CHILDREN AGED <u> N/A </u> |
| TITLE XXI STATE-DESIGNED SCHIP PROGRAM | 200 % OF FPL FOR CHILDREN AGED <u> ALL </u> |
| | _____ % OF FPL FOR CHILDREN AGED _____ |
| | _____ % OF FPL FOR CHILDREN AGED _____ |
| OTHER SCHIP PROGRAM _____ | _____ % OF FPL FOR CHILDREN AGED _____ |
| | _____ % OF FPL FOR CHILDREN AGED _____ |
| | _____ % OF FPL FOR CHILDREN AGED _____ |

3.1.1.3 COMPLETE TABLE 1.1.1.3 TO SHOW WHOSE INCOME YOU COUNT WHEN DETERMINING ELIGIBILITY FOR EACH PROGRAM AND WHICH HOUSEHOLD MEMBERS ARE COUNTED WHEN DETERMINING ELIGIBILITY? (IN HOUSEHOLDS WITH MULTIPLE FAMILY UNITS, REFER TO UNIT WITH APPLICANT CHILD)

ENTER “Y” FOR YES, “N” FOR NO, OR “D” IF IT DEPENDS ON THE INDIVIDUAL CIRCUMSTANCES OF THE CASE.

| TABLE 3.1.1.3 | | | | |
|--|--|---|--|---|
| FAMILY COMPOSITION | TITLE XIX CHILD POVERTY- RELATED GROUPS | TITLE XXI MEDICAID SCHIP EXPANSION | TITLE XXI STATE- DESIGNED SCHIP PROGRAM | OTHER SCHIP PROGRAM* _____ |
| CHILD, SIBLINGS, AND LEGALLY RESPONSIBLE ADULTS LIVING IN THE HOUSEHOLD | D | | D | |
| ALL RELATIVES LIVING IN THE HOUSEHOLD | D | | D | |
| ALL INDIVIDUALS LIVING IN THE HOUSEHOLD | D | | D | |
| OTHER (SPECIFY) | | | | |

3.1.1.4 HOW DO YOU DEFINE COUNTABLE INCOME? FOR EACH TYPE OF INCOME PLEASE INDICATE WHETHER IT IS COUNTED, NOT COUNTED OR NOT RECORDED.

ENTER “C” FOR COUNTED, “NC” FOR NOT COUNTED AND “NR” FOR NOT RECORDED.

| TABLE 3.1.1.4 | | | | |
|---|--|---|--|--|
| TYPE OF INCOME | TITLE XIX CHILD POVERTY- RELATED GROUPS | TITLE XXI MEDICAID SCHIP EXPANSION | TITLE XXI STATE- DESIGNED SCHIP PROGRAM | OTHER SCHIP PROGRAM* _____ |
| EARNINGS | NC | | C | |
| EARNINGS OF DEPENDENT CHILDREN | | | | |
| EARNINGS OF STUDENTS | NC | | C | |
| EARNINGS FROM JOB PLACEMENT PROGRAMS | C | | C | |
| EARNINGS FROM COMMUNITY SERVICE PROGRAMS UNDER TITLE I OF THE NATIONAL AND COMMUNITY SERVICE ACT OF 1990 (E.G., SERVE AMERICA) | NC | | NC | |
| EARNINGS FROM VOLUNTEER PROGRAMS UNDER THE DOMESTIC VOLUNTEER SERVICE ACT OF 1973 (E.G., AMERICORPS, VISTA) | NC | | NC | |
| EDUCATION RELATED INCOME | NC | | NC | |
| INCOME FROM COLLEGE WORK-STUDY PROGRAMS | | | | |
| ASSISTANCE FROM PROGRAMS ADMINISTERED BY THE DEPARTMENT OF EDUCATION | NC | | NC | |
| EDUCATION LOANS AND AWARDS | NC | | NC | |

| TYPE OF INCOME | TITLE XIX CHILD POVERTY- RELATED GROUPS | TITLE XXI MEDICAID SCHIP EXPANSION | TITLE XXI STATE- DESIGNED SCHIP PROGRAM | OTHER SCHIP PROGRAM* _____ |
|---|--|---|--|--|
| OTHER INCOME | NC | | NC | |
| EARNED INCOME TAX CREDIT (EITC) | | | | |
| ALIMONY PAYMENTS RECEIVED | C | | C | |
| CHILD SUPPORT PAYMENTS RECEIVED | C | | C | |
| ROOMER/BOARDER INCOME | C | | C | |
| INCOME FROM INDIVIDUAL DEVELOPMENT ACCOUNTS | NC | | NC | |
| GIFTS | NC | | NC | |
| IN-KIND INCOME | C | | NC | |
| PROGRAM BENEFITS | NC | | NC | |
| WELFARE CASH BENEFITS (TANF) | | | | |
| SUPPLEMENTAL SECURITY INCOME (SSI) CASH BENEFITS | NC | | C | |
| SOCIAL SECURITY CASH BENEFITS | C | | C | |
| HOUSING SUBSIDIES | NC | | NC | |
| FOSTER CARE CASH BENEFITS | NC | | NC | |
| ADOPTION ASSISTANCE CASH BENEFITS | NC | | NC | |
| VETERANS BENEFITS | C | | C | |
| EMERGENCY OR DISASTER RELIEF BENEFITS | NC | | NC | |
| LOW INCOME ENERGY ASSISTANCE PAYMENTS | NC | | NC | |
| NATIVE AMERICAN TRIBAL BENEFITS | NC | | NC | |

| TYPE OF INCOME | TITLE XIX CHILD POVERTY- RELATED GROUPS | TITLE XXI MEDICAID SCHIP EXPANSION | TITLE XXI STATE- DESIGNED SCHIP PROGRAM | OTHER SCHIP PROGRAM* <hr/> |
|--|--|---|--|--|
| OTHER TYPES OF INCOME (SPECIFY) | | | | |

3.1.1.5 WHAT TYPES AND AMOUNTS OF DISREGARDS AND DEDUCTIONS DOES EACH PROGRAM USE TO ARRIVE AT TOTAL COUNTABLE INCOME?

PLEASE INDICATE THE AMOUNT OF DISREGARD OR DEDUCTION USED WHEN DETERMINING ELIGIBILITY FOR EACH PROGRAM. IF NOT APPLICABLE, ENTER “NA.”

DO RULES DIFFER FOR APPLICANTS AND RECIPIENTS (OR BETWEEN INITIAL ENROLLMENT AND REDETERMINATION)

☐ YES ☒ NO

IF YES, PLEASE REPORT RULES FOR APPLICANTS (INITIAL ENROLLMENT).

| TABLE 3.1.1.5 | | | | |
|------------------------------------|--|---|--|--|
| TYPE OF DISREGARD/DEDUCTION | TITLE XIX CHILD POVERTY- RELATED GROUPS | TITLE XXI MEDICAID SCHIP EXPANSION | TITLE XXI STATE- DESIGNED SCHIP PROGRAM | OTHER SCHIP PROGRAM* _____ |
| EARNINGS | \$30 1/3 | \$NA | \$ 0 | \$NA |
| SELF-EMPLOYMENT EXPENSES | \$ 0 | \$NA | \$ 0 | \$NA |
| ALIMONY PAYMENTS | | | | |
| RECEIVED | \$ 0 | \$NA | \$ 0 | \$NA |
| PAID | \$ 0 | \$NA | \$ 0 | \$NA |
| CHILD SUPPORT PAYMENTS | | | | |
| RECEIVED | \$ 50 | \$NA | \$ 0 | \$NA |
| PAID | \$ 0 | \$NA | \$ 0 | \$NA |
| CHILD CARE EXPENSES | \$ ALL | \$NA | \$ 0 | \$NA |
| MEDICAL CARE EXPENSES | \$ 0 | \$NA | \$ 0 | \$NA |

| TYPE OF DISREGARD/DEDUCTION | CHILD POVERTY- RELATED GROUPS | MEDICAID SCHIP EXPANSION | STATE- DESIGNED SCHIP PROGRAM | PROGRAM* _____ |
|--|--|--------------------------------|--|-------------------|
| GIFTS | \$ EXEMPT | \$NA | \$ 0 | \$NA |
| OTHER TYPES OF DISREGARDS/DEDUCTIONS (SPECIFY) | \$ 0 | \$NA | \$ 0 | \$NA |

3.1.1.6 FOR EACH PROGRAM, DO YOU USE AN ASSET OR RESOURCE TEST?

TITLE XIX POVERTY-RELATED GROUPS ____No X YES (COMPLETE COLUMN A IN 3.1.1.7)
 TITLE XXI SCHIP EXPANSION PROGRAM ____No ____YES (COMPLETE COLUMN B IN 3.1.1.7)
 TITLE XXI STATE-DESIGNED SCHIP PROGRAM X No ____YES (COMPLETE COLUMN C IN 3.1.1.7)
 OTHER SCHIP PROGRAM _____ ____No ____YES (COMPLETE COLUMN D IN 3.1.1.7)

3.1.1.7 HOW DO YOU TREAT ASSETS/RESOURCES?

PLEASE INDICATE THE COUNTABLE OR ALLOWABLE LEVEL FOR THE ASSET/RESOURCE TEST FOR EACH PROGRAM AND DESCRIBE THE DISREGARD FOR VEHICLES. IF NOT APPLICABLE, ENTER “NA.”

| TABLE 3.1.1.7 | TITLE XIX CHILD POVERTY- RELATED GROUPS (A) | TITLE XXI MEDICAID SCHIP EXPANSION (B) | TITLE XXI STATE- DESIGNED SCHIP PROGRAM (C) | OTHER SCHIP PROGRAM* (D) |
|--|---|---|--|---|
| TREATMENT OF ASSETS/RESOURCES | | | | |
| COUNTABLE OR ALLOWABLE LEVEL OF ASSET/RESOURCE TEST | \$2000/1 PERSON \$3000/2 PEOPLE \$25 EACH ADDTL. | \$NA | \$NA | \$NA |
| TREATMENT OF VEHICLES: | | | | |
| ARE ONE OR MORE VEHICLES DISREGARDED? <i>YES OR NO</i> | NO | NA | NA | NA |
| WHAT IS THE VALUE OF THE DISREGARD FOR VEHICLES? | \$1500 | \$NA | \$NA | \$NA |
| WHEN THE VALUE EXCEEDS THE LIMIT, IS THE CHILD INELIGIBLE(“T”) OR IS THE EXCESS APPLIED (“A”) TO THE THRESHOLD ALLOWABLE AMOUNT FOR OTHER ASSETS? (<i>ENTER I OR A</i>) | A | NA | NA | NA |

3.1.1.8 HAVE ANY OF THE ELIGIBILITY RULES CHANGED SINCE SEPTEMBER 30, 1999? ____ YES X NO